Lectures ON DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Westminster Hospital,

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LECTURE VII.—PART I.

GENTLEMEN,—Two more touches must be added to the clinical picture of the hysteric group of diseases, before we proceed to the question of treatment.

The first of these points is the fact that, sometimes as a principal, but more frequently as a subordinate, symptom, constipation of the bowels is a very troublesome phenomenon in a large proportion of hysteric cases, of whatever type. In its extreme development, where it is so severe as to constitute the principal suffering which demands relief from us, it is seldom seen except in women, especially women of a particular physical type distinguished by habitual languor and a toneless laxity of the muscular fibre which is very marked. Such women are usually, though not always, anæmic. The condition into which their habit of evacuation falls is astonishing to anyone who learns such facts for the first time: it is really not at all uncommon for such persons to pass two, three, or even four weeks without an action of the bowels, and yet to make no particular complaint to their friends, perhaps not even try any medicines till the very last. In a much larger number of cases, however, the degree of constipation is much less than this; and in this minor form it attends a large proportion, not only of the commoner cases of hysteria, but also of those falling under one or other of the varieties described in my last lecture. There is a marked tendency to confinement of the bowels in many somnambulists and sleep-talkers; indeed it is probably the rule here, and regular evacuation the exception. And it has certainly often acted as the immediately determining cause of catalepsy; the proof being, that a purgative enema has in many cases put a speedy end to the cataleptic trance. And the same thing has been many times remarked in cases of ecstasy, especially of the trance-like form attended with unnaturally exalted ideas and with visions or rapturous dreams. Hysteric constipation seems to be a genuine loss of peristaltic power, not originally dependent on the enfeeblement of volition; in its severer forms it is nearly always (invariably, in my experience) accompanied with a high development of those *anæsthetic* phenomena which are so frequent in hysteria.

[It is natural, in connexion with the subject of hysteric constipation, to say something about the very common occurrence, in hysterical women, of an apparent total inability to pass water. It is very difficult, however, to say, in any given case, how far this affection is independent of the morbid state of volition. Assuredly, in a large number of instances, the dysuria is almost purely imaginary, and requires to be resolutely dealt with from that point of view.]

The last clinical feature of hysteria with which I shall deal is a much rarer one; it is a special prominence of muscular anæsthesia that gives to certain cases of anæsthetic hysteria a somewhat peculiar type, which requires some consideration, for practical reasons. It now and then happens that we have to treat a patient in whom the following condition is present:—They exhibit a curious inability to perform certain movements with accuracy; and yet it is easy to prove that there is no real loss of voluntary power, for the affected muscles will contract with abundant force. Supposing the legs and feet to be chiefly implicated, the patient will have but an inadequate idea of the resistance of the ground on which she treads, so that she thinks (if she shuts her eyes) that the floor is padded with wool, or (as one patient expressed it to me) that she is dragging her feet through a thick layer of straw; or, if the muscles of the arm and hand be affected, she is unable to hold a knife securely, or to hook her dress, because she has no accurate idea of the size of the objects that she grasps, or whether they are hard or soft, smooth or rough. In this way the appearance of a partial paralysis may be given, though nothing of the kind really exists; the gait may be tottering, and all movements of the affected limbs are clumsily and imperfectly performed. It is necessary to warn you that this kind of symptoms, which often are purely hysterical, are, on the other hand, very frequently the mere initial stage of serious organic lesions, especially of organic paraplegia or of locomotor ataxy; and that there is at first no possibility of saying whether this will not prove to be the case. It is therefore all-important to search with accuracy into the past history of such patients; and the possibility of coming early to a decided diagnosis will depend on whether there has or has not been a previous train of hysterical phenomena, or whether, on the other hand, there have been any other symptoms compatible with coarse organic lesions, such as I shall have to describe in future lectures. And even in the instances where we know that there has been decided hysteria in the past, we must not hastily conclude that coarse organic changes are not impending. One of the most marked cases of muscular anæsthesia that I ever saw occurred in a lady who had been, was then, and remained for a long time afterwards, unmistakably hysterical; yet she went on to develop a true cervico-occipital neuralgia of very obstinate type, and about a year later suffered an attack of hemiplegia which undoubtedly depended on cerebral softening.

I have thus placed before you a tolerably comprehensive view of the disorders which, in my opinion, should be included under the denomination of hysteria; and you will probably now perceive that there is a real fundamental unity in these apparently so varying disorders. This is a matter with which I am anxious duly to impress your minds, for it has an important bearing on the subject of treatment. Unless you are able to see that all these diseases are but different phases of a general affection of the nervous system having the leading characteristics which were defined at the outset of this discussion, you will not seize what I believe to be the right clue to the treatment of them all. The essential connexion between all these disorders is found in the following facts: In hysteria of every type there is defective volition, resulting either from inherited organisation or from the steadily depressing influence of certain external physical or psychical influences continuously applied and necessarily tending to degrade the nutrition of the brain-cortex—the most highly specialised, and therefore unstable, portion of the nervous system; that there is nearly always defect or perversion of common and tactile sensation, through which a large part of human experience is drawn from the outer world; and that, as a result of one or both of these conditions, there is a perversion of the normal relations of self-consciousness and consciousness of external things.

The treatment of hysteria, as too ordinarily conducted, is one of the recognised *opprobria medicinæ*; nor can the most enlightened physician, armed with the improved medical knowledge of recent times, do more than make feeble and faltering advances towards the establishment of a better system. However, there are some things that may be done, both in clearing obstructive and erroneous notions out of our path, and in laying down certain lines, already perceptible, on which a part, at least, of our future progress must be made.

1. Unless there be some very obvious cause, such as severe mental or physical shock, the first subject which must engage our attention, in dealing with hysteria of any type, is the removal of possible external sources of sensory irritation. These things may have a great or, as is far more commonly the case, only a very small or no share in the production of the morbid phenomena; but, where they exist, they are comparatively obvious and accessible, and should be dealt with as far as possible at once. Foremost among these possible external sources of mischief, especially in women, are derangements of the sexual apparatus, and accordingly your first inquiries must be directed to the possible existence of any such morbid influences. In accordance with the facts which I have already stated, you will investigate first the condition of the ovaries, ascertaining whether there is any tenderness on pressure, or any sensible enlargement, and how far these

conditions, if they exist, are connected with the difficulties of menstruation. Observe that, in any case, this examination ought to be made in a businesslike and thorough manner once for all, and not unnecessarily repeated. Supposing that you find tenderness or enlargement, or both, of an ovary, you are to ascertain carefully whether this is constant or only at the periods. If the phenomena are only periodic, they fall into a class which must be considered presently; but if the existence of anything like a permanent tumour be detected, it will of course become a matter for consideration whether surgical treatment at once or in the future may not be necessary. Such cases, however, will but rarely come across your path in the treatment of hysteria. You are much more likely to find that there is only a periodic enlargement and tenderness of the ovary; and this state will commonly be found to be associated with severe neuralgia before and during the menstrual period. Where such phenomena exist they excite hysteria, if at all, at the time of their occurrence, and the patient is comparatively or wholly free in the intervals. The treatment is entirely that of neuralgia, and as such will be described in my future lectures on that disease.

Another condition occasionally met with is chronic inflammation of the ovary, evidenced usually by persistent tenderness and *moderate* enlargement. If you have surely made out this diagnosis, there are two principal remedies likely to be of use—viz., the application of a few leeches to the groin, and the internal use of belladonna—twenty minims of the tincture three times a day. Along with this treatment we should prescribe rest,* and the daily use of cold affusion over the hips and lower part of the abdomen; and, as soon as irritation has somewhat subsided, the use of gradually progressive walking exercise and gymnastics,† so as to develop and strengthen the other functions of the body.

The next question connected with the sexual organs must be as to the degree of activity of the menstrual function; but the only case in which it is likely that direct interference will be beneficial is that of decided menorrhagia. I cannot of course enter upon the large and special subject of the varied causes from which this condition may arise; it will be enough to lay down, as a universal rule, that menorrhagia in a hysterical person must be at once suppressed by those appropriate remedies which you will have learned from the teaching of my colleague, Dr. Bird. One caution is necessary: you must remember that the normal amount of the menstrual flow is a very individual thing, and that what is excessive and injurious for one person might be usual and harmless in another. You must, therefore, make sure that you are dealing with an abnormality, and not with a natural peculiarity.

The existence of leucorrhœa, especially if profuse, always demands attention in the case of hysteric patients. Not merely is the discharge injuriously depressing, but it frequently depends on some definite source of irritation that should be at once removed. This may be—(1) ascarides in the rectum, curable by the employment of injections of common salt and infusion of quassia; or (2) it may be dependent on an evil habit of self-irritation; or (3) it may be a mere local expression of a generally feeble and relaxed condition of the tissues, usually associated with anæmia and with a tendency to catarrh of all the mucous membranes; and, lastly (4), it may be uterine in origin; but this fact would have to be determined by vaginal exploration, which is the last thing to be thought of in hysterical patients if it can by any means be avoided. Leucorrhœa which is a mere expression of anæmic debility may nearly always be successfully treated by the internal use of one drachm of the tincture of perchloride of iron daily, and the local injection of alum or tannin, twenty grains of either to the ounce of water.

In the absence of any of the above affections, the next possible peripheral source of hysteric disturbance to which we should naturally turn our attention is that of flexion of the uterus, which Dr. Grailly Hewitt has shown to be not unfrequently a factor in the *chronic* forms of hysteria. In recent and acute forms of the disease we need hardly trouble ourselves about flexion of the uterus; and, as I have already said, it is most undesirable that we should make vaginal examinations, even in married women, still more in virgins, unless there is a very strong probability that we shall discover important facts. The rectification of uterine flexions is a matter that I must leave you to learn from the lecturer on obstetrics.

As I have placed in the first line of therapeutic requirements the investigation of possible needs for treatment directed to the sexual organs, it is well that I should again remind you that it is not commonly, but comparatively very rarely, that you will find any important cause of hysteria in derangements of these organs. One important exception must be made, and the subject is a necessary, though nauseous, topic of speculation. It is an undoubted fact that the habitual occupation of the mind with sexual ideas without legitimate gratification, and especially when accompanied by the habit of self-abuse, does enter, as an important factor, into the production of a certain proportion of hysterical cases, especially in the young. I shall not dwell much on this subject for two reasons—first, because I believe that the extent to which this cause actually operates has been enormously exaggerated; and, secondly, because nearly the whole of the treatment which can really prove effective in such cases comes in as a mere branch of those general measures for the improvement of moral self-control which we must discuss at a later stage.

Having made our preliminary inquiries concerning the state of the sexual organs, which we may usually complete by a very few questions, and perhaps a single examination of the abdomen when the patient is in bed, we shall usually have elicited nothing that can account for the hysteric phenomena, or, at least, nothing that we can suppose to be more than a slight concurrent cause. The next indication is to be sought in the condition of the blood and of general nutrition. If distinct anæmia be present, we must first make sure that this does not depend on some unsuspected chronic bleeding, as from piles, and must then proceed to deal with it by the administration of the usual iron tonics, mineral acids, &c., taking care, of course, that we do not overlook any hidden cause of the anæmia, such as organic disease of the heart, lung, or kidney. When we have done all this, however, we shall too often find that we have scarcely influenced the case at all. Something more may perhaps be done by remedies addressed to faulty digestion and torpid bowels, but in too many cases these affections are too intimately dependent on the profound derangement of the nervous system to be permanently affected by direct remedies. We are driven, then, to a more immediate treatment of the nervous affections, and there are some of these which lie, as it were, on the surface, and can be best dealt with by direct local remedies. One of the most painful affections in many cases of hysteria is excessive local tenderness of the skin or mucous membrane, and this can be immediately and effectively treated, when the part is within reach, by the application of faradism. A tolerably strong induced current is applied to the painful part by means of dry metallic conductors; it should be done thoroughly, the patient being placed under chloroform to avoid the excessive pain which would otherwise be caused. It is seldom that more than two or three such applications will be required. Localised anæsthesia of the skin or mucous membrane may be treated by daily applications of a somewhat milder induced current, and will usually be speedily cured; where the anæsthesia affects the muscular tissues, it will be necessary to use moist conductors, first well softening the skin with warm water, and employing the current from the primary wire. Obstinate hysteric constipation may be sometimes completely overcome by daily use of the induced current, one pole being placed on the abdomen and the other inserted into the rectum. Hysteric aphonia may usually be quickly removed by the direct application of faradism of the vocal cords; one pole is placed on the outside of the throat, the other is carried down to the glottis by means of Dr. Mackenzie's apparatus. A very short application is all that is needed or can be borne.

There are certain localised paralyses and spasms of particular muscles which occasionally occur in hysteria that may be very effectually dealt with by electricity. The paralyses yield rapidly to a daily application of the induced current; and the spasmodic affections may be cured by the daily use of a constant current of 25 to 30 cells of Weiss's or Stöhrer's battery.

* Under the head of "rest" we must particularly enforce abstinence from all sexual irritation. In the case of married women, though the usual intercourse may be actually beneficial as a prophylactic, the existence of any degree of ovaritis must be held to absolutely contraindicate everything of the kind.

† Grally Hewitt.

The treatment of the more generalised hysteric paralyses is beset with difficulties. A large portion of it falls under the head of those moral remedies which we shall discuss hereafter; but we may first discuss the principal varieties of those affections in relation to the treatment by material means.

One of the most common and troublesome manifestations of hysteria takes the shape of paraplegic loss of power in the legs. On the very threshold of this subject I must warn you of a serious danger of mistaken diagnosis. There is an affection occasionally met with, superficially resembling hysteric paraplegia, but really very different in its nature, and often calling for a very different line of treatment. There are some patients—they are nearly always women—who, without any organic disease of the spine, appear to lose the use of their legs. Nevertheless they are not truly hysteric; they never have fits, nor anæsthesia, nor any other of the phenomena that have been above discussed, and they have often a firmness of will that amounts to dogged obstinacy. They are not conscious of intentional simulation, yet they have really made up their minds that they cannot stand or walk; but that there is no true paralysis is obvious, both from the perfectly normal electric irritability of their muscles, and from the fact that they can freely use those very muscles for any other purpose except that for which they choose to represent them as incompetent. Such patients, I suspect, are always the victims of an inherited insane temperament; and their paralytic whim is, in fact, a mere craze, quite different in character from the generally impaired volition of a truly hysteric patient. For such patients drug treatment will do little or nothing; and electricity can only be useful in the limited function of exercising the disused muscles, and thus preventing their wasting. On the other hand, incautious and too powerful electrisation may do great harm. In true hysteric paraplegia, again, very much can often be done by electricity, though drugs are usually quite powerless. The alternate use of a tolerably strong faradic current locally to the affected muscles, and of the constant current from forty to fifty cells, the positive pole being applied to the lumbar region of the spine, and the negative being placed in a salt-water bath in which both feet rest, will often do great good in a short space of time; but along with this treatment suitable moral remedies must be employed.

Clinical Lectures
ON
INFANTILE PARALYSIS AND ITS RESULTING DEFORMITIES.

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LECTURE V.

GENTLEMEN,—Having now studied the phenomena and treatment of infantile paralysis—that is to say, of the loss of power considered by and for itself,—it becomes our next task to consider some of the resulting deformities, their causality and treatment.

We have seen that one of the peculiarities of this malady is very rapid atrophy of all the muscles affected. The limb is cold; its skin of a bluish-red; and it very shortly is found to be both thinner and shorter than the other. These appearances are accompanied by muscular degenerations, which may be thus shortly described. The special muscular substance (sarcos) disappears partially or entirely; while the fibrous portions (sarcolemma, and the areolar tissue which binds fibrillæ into fibres and fibres into bundles) increases in strength and density. Such change carried to its extreme will substitute for the original healthy muscle a mere fibrous cord or ligament. This fibrous bundle has lost all power of active contraction, and retains that amount of length which the position of the limb during the transformation permitted or enforced. Hence, when the change is complete, the joint between the origin and insertion of that altered muscle is restrained or tied. This sort of shortening I described some years ago under the term "contracture."* The term "adaptive atrophy," which Sir J. Paget has subsequently given to that process, is—inasmuch as it more fully expresses the pathological change—a happier nomenclature, which I shall adopt. It is not peculiar to paralytic cases, but will appear more slowly and less pronounced from protracted confinement to bed, long splintage &c., or any cause which retains a limb in one posture; indeed, I have under my superintendence at the Cripples' Home a girl with contracted limbs through adaptive atrophy, produced in a healthy child by mere cruelty, she having been kept tied in a chair for several years.

Again, infantile paralysis rarely continues utter and complete in all the muscles of a child's limb. One or more—one set or another group,—from the first, retain, or shortly recover, a certain mobility, which, although far too slight to move the limb—may indeed be mere response to galvanism,—is nevertheless sufficient to prevent utter and complete atrophy. Hence a want of balance between the power on the different sides of the limb, and a tendency to draw its distal segment to one side or the other, should no more potent agency interfere. This more potent agency is often found in the superior comfort of certain postures in lying down, and in the weight of the limb while erect;† and where these act against the weakened powers of the partly paralysed muscles they cannot deform a limb; but it not unfrequently happens that the two forces act in the same direction, and then we find the limb deformed *towards the side of the least paralysed muscles*. Complicating both these conditions—adaptive atrophy on the one hand, and tonicity with some power of active contraction on the other—is a third condition: viz., inequality of growth. This is the most potent cause of deformity, and may be thus exemplified: In a limb subject to infantile paralysis the bone and those muscles which still preserve tonicity grow; while those muscles which have undergone fibrous degeneration increase not at all, or but very little; therefore the segment, to which that ligamentous cord is attached, is fixed in a state of flexion or extension according to the muscle affected. This sequence of causes has been overlooked; it accounts for the fact that very frequently a *limb is distorted towards the most paralysed muscles*.

When we examine distortions in these aspects, we shall find it necessary to divide them into two classes—into those in which the posture is abnormal only in its fixity, and into those in which the posture is in itself abnormal,—such as cannot be assumed by a healthy person.‡ Of these two it is evident that the former may be produced by adaptive atrophy in any instance where a certain posture has been long maintained. The rapid progress of such atrophy in infantile paralysis renders it, however, a marked peculiarity of that malady, but this cause alone never produces deformity by malposture. If, on the contrary, one side of the limb retain all its power, and the favourite or constant position of the patient favour the loss of balance, an absolute malposition may, although it seldom does, result from mere unopposed active contraction. But if any one muscle or group of muscles be in early childhood utterly paralysed and degenerated, do not, therefore, grow with the growth of the limb, then deformity by malposture will occur in exact proportion to the difference between the increase in length of the bone and the absence of increase in the length of the muscle.

The malady we are considering affects any of the limbs, and in each of these deformity may arise; yet some of these are either so rare or so slight as to require but few words. Such is the case at the shoulder where the deltoid has been paralysed, and the elbow in upper arm paralysis.

At the hand a very instructive deformation often occurs, when the flexors of the fingers have been paralysed, and subsequently are shortened. While the hand is quiescent, nothing abnormal will be observed; but if the patient be told to hold it out, he will make a very uncertain and awkward set of movements. The wrist will be bent, the

* Diseases of Joints, 1860.

† I need scarcely instance the tendency of the knee to bend by mere gravity when the patient is seated, nor the greater weight of the front over the back part of the foot.

‡ A third condition, wherein no deformity but only false modes of movement exist, will be explained in the sequel.

fingers hyper-extended, all apart, all stiff and unguided, and while the wrist is bent he cannot bend them. If at this time the surgeon place a finger in the patient's palm, and straighten the wrist (bend it back)—i. e., put a strain on the flexors of the digits,—all the fingers contract into the palm. This particular condition renders the hand almost useless, and it is an extremely difficult one to overcome. Tenotomy here will produce evils almost too numerous to describe, according to the place where it is practised: in the palm, non-union and false union of tendons, danger of inflammation, &c.; in the fingers, false union—i. e., union between other parts than the severed ends—is certain, so that in this part section should never be performed.

Some considerable experience has shown me that, besides the shortening of muscle, we have to do in these cases with certain adhesions, produced by long disuse, among the tendons themselves—between them and their sheaths in the wrist, palm, and fingers; and the object of our treatment must be* to lengthen the division for each finger of each flexor, and to free those bands of fibrous adhesion. It is not to be supposed that a large band is necessary to bind a tendon; on the contrary, a little band not larger than a piece of sewing-silk will prevent any action of a tendon on its limb. This may be seen frequently on scars between tendon and skin or palmar fascia. Hence the patient must have chloroform, and while the wrist is fully extended every joint of each finger must first be fully flexed and then fully extended; afterwards the hand must be bound on a splint so shaped that the wrist shall be hyperextended and the fingers kept quite straight. Afterwards passive movement, and motion produced by galvanism, should be employed.

More especially interesting are the deformities of the lower limbs; but here I can only delay a short time at the knee before going on to those of the foot. The knee is thought by some authorities, especially by my friend Dr. Volkmann, to be rarely retracted in the sense of flexion. This is, however, not so unusual. I have at present at the Cripples' Home seven cases of old infantile paralysis, whose knees are retained in a bent position by contracture of the hamstring muscles. The treatment by extension under chloroform is obvious, and, as regards position, always successful. The subsequent management and the necessity of instruments will be considered hereafter.

A more usual condition of the knee is hyper-extension or *genu recurvatum*, which so frequently accompanies paralysis of the lower limbs; rarely, however, present unless the extensors be paralysed and flaccid. It is a singular combination: hyper-extension while the extending muscles are loose and weak. It arises, as Dr. Volkmann has shown, from the position which the patient assumes to enable the limb to bear his weight† entirely or in part. If the knee be ever so little bent, the weight of the body, tending to increase that flexion, would fall on the quadriceps extensor; therefore, he who suffers from paralysis of this muscle manages so to place his limb that, when weight must fall on it, the knee shall be quite straight and lie behind the line of gravity, by which means the stress is thrown on parts posterior to the joint. But at this point I think Dr. Volkmann's very acute observation begins to fail. I have seen this position and mode of using the limb very often, and have found that it never so stretches the parts behind the knee as to produce hyper-extension unless the gastrocnemius be also paralysed. In the healthy as in the unsound limb, these are the great agents for preventing that position, as several experiments, very easy, but too long to detail here, have shown me. When, however, these muscles fail, all the weight falls on the posterior crucial and on Winslow's ligament. But ligamentous structures are only intended to resist occasional strain, and always yield under constantly applied force. Thus, when the great calf muscle is paralysed, the leg must bend back.

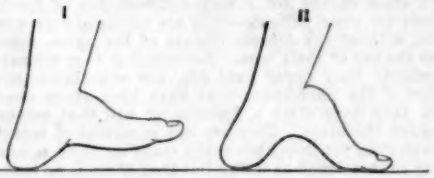
Of all foot deformities arising from infantile paralysis, the most common is equinus, combined usually with a certain amount of varus. If we observe the way that children are allowed to sit, occasionally to be carried in the nurse's arms, but always and all day with the heavier front half of the foot hanging down, we need go no further to discover why the sural muscles become contracted.

* In this lecture I am treating, not of loss of power—that subject has been fully discussed,—but of its sequelæ.

† Sammlung Klinischer Vortrage, No. 1.

Valgus results from loss of power in certain muscular groups, and is of different degrees and forms, according to the number paralysed; the anterior tibial and extensors of the toes permit the first degree; these, together with the posterior tibial and flexors, a very advanced and a rare degree.

A form of calcaneus, which I have named *pes cavus*,* is not uncommon, and results from paralysis of the sural muscles, which allows the heel to drop, so that its long axis is almost in a line with that of the tibia. If besides these muscles the deep layer at the back of the leg have lost power (Diagram I), the deformity called *calcaneus* is produced; but



if they be still active, then the front of the foot is drawn down, so as to make the ball of the toes on the same level with the heel, whereby the arch is greatly exaggerated and the above-named deformity (pes cavus) is caused. (Diagram II.)

* Cure of Clubfoot, &c.

CASE OF ABSCESS OF LIVER OPENING INTO LUNG, AND SUBSEQUENTLY OPENED EXTERNALLY; WITH SUCCESSFUL RESULT.

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THE following case is of considerable interest. It illustrates the diagnostic symptoms of abscess of the liver, and the special symptoms attending two modes in which such abscess may terminate. It further exemplifies the line of treatment which must be followed in order to ensure a successful termination in similar cases. The report is condensed from ample notes taken by the house-physicians, Dr. Lyell and Mr. Richmond.

F. B——, aged thirty-four, a German, of lymphatic temperament, who had been a sailor until a year back, was admitted into the Seamen's Hospital on August 14th, 1872. Two years ago he was seized with dysentery, which continued, on and off, for about twelve months. The dysentery came on in the Mediterranean, after a voyage from India, and it returned with severity in China some months later. He had yellow fever in Batavia in 1860. After the dysentery he remained in good health until two months back, when he was seized suddenly with a stabbing pain in the right hypochondrium, which has continued ever since. The pain was increased by pressure, and was attended with a dragging sensation when he lay on his left side; he had also, at first, pain in the right shoulder, which seemed to come up from the side. He felt cold on two occasions, but had no distinct shivering. He was not suffering from diarrhœa when the attack came on. For the last four weeks he has been spitting up brickdust-coloured, purulent sputa, at first in small quantity, latterly to the amount of about a pint in the twenty-four hours.

Symptoms on admission.—Is very anæmic and rather emaciated; sweats considerably; appetite bad; tongue clean; bowels rather relaxed; skin sallow, but conjunctivæ not jaundiced; shivers occasionally at night-time. He has cough, which is worse at night and in the morning, and expectorates a large quantity of purulent matter of brickdust colour. The absolute liver dulness extends upwards to the fourth interspace, thence to clavicle there is marked modified dulness; the dulness extends higher up in the axilla, and posteriorly to the middle of the scapula; it does not extend downwards below the ribs. The right hypochondrium is distinctly prominent, and measures two inches

more round than the left. The left side of the chest is highly tympanitic; respiration vesicular and puerile; no moist sounds. Loose crepitation is heard all down the right side in front, and vocal fremitus and resonance are somewhat more marked than on the left side; posteriorly at base there is fine crepitation.

He was ordered, on admission, to be kept strictly in bed in the recumbent position; to have milk and beef-tea, a mixture of nitric acid three times a day, and a dose of morphia at night. From the time of admission, for several weeks, the patient made gradual improvement, although he was worse on some days than on others; and on the 24th of September it was reported of him:—"Sleeps well at night, but wakes every two hours to cough and expectorate; has no sweating; no pain, except during the paroxysms of coughing, which always considerably distress him; pulse weak but regular, and only 72; appetite good, eats all he gets." From this time he improved steadily; the expectoration was reduced to almost nothing, and he gained flesh and strength, and, indeed, appeared nearly well at the end of September. He continued to progress satisfactorily for a week or two, when, without any apparent cause, for rest in bed had been still maintained, he began again to look ill, his pulse increased in frequency, the temperature rose, and occasional rigors ensued. On Oct. 14th the abscess, which had threatened to point externally, would appear to have again formed a freer communication with the lung; for, between 4 and 5 o'clock on that day, a great quantity of sputum, mixed with much blood, was expectorated. The expectoration continued daily in considerable quantity, and for about a week he felt easier; but on the 25th the following report was given:—"Pain has been much more severe since 12 o'clock last night; expectoration much less copious than it has been. There is a marked inflammatory blush on the side, and much tenderness from pressure over the site of this. Towards the evening he expectorated a large quantity of almost pure blood, his respirations became frequent, 32 per minute, and the temperature was 101·8.'"

It was decided that an opening should be made at the seat of inflammation, and accordingly, on the 26th, Mr. Johnson Smith made an incision about an inch and a half below and a little external to the nipple, and opened the abscess by Mr. Hilton's method. About an ounce of thick purulent fluid, similar to what he had expectorated, but with very little blood, escaped; the wound was plugged with lint, and a poultice applied. In the evening of the 26th he was already much relieved, the pain in the side was less, the expectoration had sensibly diminished, the breathing was easier and fuller, and he had had some sleep. On the 27th there was free discharge from the wound, and it became copious and continuous for some time, the expectoration gradually diminishing and losing its sanguineous character.

Oct. 30th.—Says he feels better than he did, although he complains of weakness and shortness of breath. He had a rigor to-day, which lasted for five minutes, and was preceded by headache. His cough is very troublesome, but there is no expectoration; the discharge from the wound is free. After the rigor the respirations were 28, pulse 120, temperature 103·6°; skin harsh and dry; tongue clean; bowels regular; appetite good. The rigors were repeated at irregular intervals during the next fortnight, and were probably due to old ague leaven rather than to fresh suppurative action, as they disappeared under the free administration of quinine. The patient continued to improve, and by the end of the second week in December the discharge from the wound had ceased, he had lost his cough, and the physical signs of implication of the right lung had disappeared. He was discharged cured in the end of December, in really good condition as regards strength and flesh.

The subject of the above case had been under treatment at a hospital and elsewhere for a considerable time before he came under my notice, and the symptoms had led to the conclusion that he was suffering from low pneumonia, likely to end in phthisis. On seeing the expectoration, I at once pronounced the case to be abscess of liver opening into the lung. This view was confirmed by the existence of other symptoms pointing to hepatic abscess, as pain in the right shoulder, pain on pressure over and bulging of the hypochondrium, and occasional rigors. The pre-existence of dysentery also tended to confirm the diagnosis. Dr. Budd, in his work "On Diseases of the Liver," says that he regards the peculiar bright, brickdust-coloured expectoration as pathognomonic of abscess of liver opening into the lung; and my own experience, as expressed in what I have written upon the subject, has led me to endorse his view. Dr. Morehead, however, whose opinion is entitled to much respect, says that he has met with precisely the same kind of expectoration in a few cases of asthenic pneumonia, and he thinks, therefore, that an erroneous diagnosis might be arrived at by attaching too much importance to this symptom. I may add that I have seen a large number of cases of low pneumonia in subjects presenting different conditions as regards race, age, &c., at the Seamen's Hospital and elsewhere, and that I have not met with the expectoration which I have been led to consider as distinctive of hepatic abscess opening into the lung.

The patient was under the care of my colleague, Dr. Reginald Thompson, during my absence for a holiday in October, and was watched by him with much interest. On my return the abscess was pointing externally, and we agreed that it would be well not to delay its being opened. That the external outlet materially contributed to the cure there can be little doubt. It afforded a free passage for the matter, took off the stress from the lung, and prevented further burrowing of the abscess and destruction of liver-tissue. I did not, however, think it desirable to recommend operation at an earlier period, although on one or two occasions the abscess gave distinct indications of pointing, for matter was then freely discharged by the lung, and the patient was daily improving in health. My own experience of abscess opening into lung is not favourable to this mode of termination; of eight cases, only one ended in recovery. Other observers have, however, recorded a more favourable result. Of cases opened externally about one-third have had a successful result. A single and not very large abscess would seem to be the condition essential to recovery.

The principal remedial agent in cases such as the above, and, indeed, in most chronic abdominal affections, especially chronic dysentery, is rest in the recumbent position, and protracted so as often severely to tax the endurance of the patient and the firmness of the physician.

Finsbury-circus, E.C.

ON THE TREATMENT OF MELANCHOLIA ATTONITA, WITH REFUSAL OF FOOD, BY THE CONTINUOUS CURRENT.

BY S. W. D. WILLIAMS, M.D.,
MEDICAL SUPERINTENDENT OF THE SUSSEX LUNATIC ASYLUM, HAYWARDS HEATH.

DURING the last twelve months I have been making a persistent trial of the use of the electric current in the treatment of insanity. The results will be published in the forthcoming Annual Report. In the meantime I am anxious to record two cases of melancholia attonita, with refusal of food, treated successfully by the continuous current, because I think they bear on the long discussion that has taken place of late in the columns of THE LANCET on "forced feeding," and also because I should like to have the experience of my brother alienists on the question. First of all, however, I wish to state that I differ from the great majority of those who have written on the subject. I am of opinion that forcible feeding should be the great exception, and not the rule, in asylum practice. Those gentlemen seem to think nothing of feeding several patients daily by means of the stomach-pump and nasal tube, and I must own that a few years ago I was equally of the same opinion with them; so much so, indeed, that I published a paper on the subject in the "Journal of Mental Science," and the mode of feeding there described Dr. Fielding Blandford has done me the honour to transcribe into his lectures on "Insanity and its Treatment." During the period I acted as house-surgeon to the Northampton General Lunatic Asylum I was in the habit of feeding patients daily by these means, and I always found that the more patients I fed the more I had to feed. During the period I have been connected with this asylum, now getting

on for eight years, I have not fed half a dozen cases, and I am confident that no patient has ever during that period died from inanition. The great mistake in these cases (I am now speaking of acute asthenic mania) is commencing forced alimentation too soon, and before an attempt has been made by judicious medication to beguile the functions of the various organs of digestion back to a normal action; for all the writers in THE LANCET on the subject are agreed that there is very great disturbance of these organs, as is evinced by the foul breath, coated tongue, dry parched lips, &c. Who would ever think of feeding a fever patient because he refused his nourishment for a day or two? I am equally confident that to attempt to feed a patient suffering from acute insanity is wrong. If left alone for a sufficiently long period they will eventually allow the nurse, with a little persuasion, to feed them, provided, as I have already stated, their organs of digestion are carefully attended to.

As to those cases of chronic insanity whose refusal of food is due to some fixed delusion, the same line of treatment to a lesser degree is indicated; but with them each case has to be treated upon its merits, and with very many of them a little food placed in their way will induce them to eat when they fancy themselves not watched. With others I have found a good hard day's work at the wash-tub or in the garden, or a Turkish bath, sufficient to conquer their denial of nutriment. Undoubtedly, however, refusal of food is most difficult to treat when it occurs in melancholia attonita, or, as it is called by our French brethren, *melancholie avec stupeur*. In many of these cases the patient lies in a state of semi-catalepsy, and seems utterly indifferent to all material things. Two such cases have within the last three months been successfully treated in the County Asylum, Haywards Heath. The history of these cases, quoting from the Case-book, is as follows:—

J. L. B——, male, aged fifty-one, single. Had an attack of brain fever when about eighteen years of age. Enlisted Aug. 3rd, 1855, into the 7th Royal Fusiliers, at the age of twenty-nine. Has served in Malta and East India. Had an attack of sunstroke in India about two years ago, when he was in the hospital there and discharged as unfit for service. Conduct during service very good; is considered to have been steady and temperate. Admitted Oct. 19th, 1872, in a very weak, low, and emaciated state; pulse 160; tongue coated, appetite bad; bowels confined. There is great irritability of the pectoral muscles, and the respiratory murmur is weak and indistinct, especially posteriorly, where there is probably some consolidation of the lower lobes. Heart's action weak. He is not wholly conscious, and does not attend to questions without great rousing. Such was his state on admission, and up to Oct. 28th he gradually became worse. The stupor was much increased, the refusal of food became more obstinate, and the physical symptoms knew no abatement. On that day I requested my colleague, Dr. Newth, to pass a continuous current through his head from a 40-cell Stohrer's battery. The immediate effect was to increase the heart's action and to cause considerable flushing of the head and face. The treatment was continued daily. He almost immediately improved, became more conscious, took nourishment well, and on Nov. 2nd was so much better that he was able to sit up for several hours. From thence he improved rapidly, and within a few days all the acute symptoms, both mental and physical, had subsided.

J. W——, male, aged forty-five years, was found wandering about Brighton. History unknown. Admitted Dec. 5th, 1872. He was a fairly well-formed man; tongue very coated; bowels confined; respiratory murmur decidedly weak in both lungs, and there is a suspicion of congestion in the right; heart's sounds weak and nearly inaudible at base; pulse 112. He can rarely be got to attend to any question, and when he does answer his language is rambling and incoherent; memory very bad; spirits depressed, and there is considerable excitement and restlessness of manner; will not keep quiet for an instant; expression wild; nights sleepless. Up to Dec. 13th he gradually became worse; refused his food, and the mental depression became so intense as almost to amount to stupor. Electricity was tried by Dr. Newth at my request for about seven minutes. He was much excited when under it; restless during the night afterwards, but took a fair amount of food for the first time for several days; pulse 140, weak; catheter passed.

Dec. 13th.—Had the electric current for about ten minutes. Pulse 136, fuller; quieter.

14th.—Electric treatment repeated; pulse 130, much stronger.

16th.—Continues to improve.

17th.—Violently resisted the application of the electric current. Pulse 112, full and regular; he is quieter and more rational; takes his food well.

The treatment was continued for several days longer—viz., to the 21st, when he was so much better, indeed convalescent, that it was omitted.

Remarks.—I am unwilling to generalise with only two cases for a basis, and I wish to avoid the optimism which appears to me to be the bane of medical research in these latter days. But I must own to having been greatly impressed with the rapid and satisfactory manner in which these two cases began to recover immediately the electric current was passed through their brains, as though the functions of the great nervous centres were suddenly, by the action of the current, caused to act, and the stupor in which the patients lay previously was dissipated almost before one's eyes. I am anxiously on the look out for other similar cases to try the electric treatment on, and earnestly hope that this paper may induce others to give it a trial also. My own experience of the treatment of insanity by electricity has during the past year been decidedly favourable, and the results certainly less negative than those detailed by Dr. Clifford Allbutt in his paper in the "West Riding Asylum Reports." The two cases detailed in this paper are, however, the most satisfactory I have had.

CASE OF

INTESTINAL OBSTRUCTION OF EIGHTEEN DAYS' DURATION SUCCESSFULLY TREATED BY BELLADONNA.

BY JOHN MACRAE, L.R.C.P., L.R.C.S. EDIN.

ON July 22nd, 1872, I was called early in the morning to see James H——, aged fifty-two years, a house-decorator. On arrival I found he had been seized on the morning of the 21st with violent pain in the abdomen, which still continued. On the 20th he had taken a dose of castor oil and aperient pills, not having felt very well. Had action of his bowels on the 18th and 19th. Had taken aperient pills for some days previous. On the 21st had been given another dose of castor oil and two more pills, but no action of his bowels. About seven years ago a cart-wheel passed over his abdomen, after which he suffered from inflammation and obstruction of two or three days' duration, but since has enjoyed good health.

On examination, his abdomen was found to be slightly distended, a little flattened on left side, with some tenderness on pressure over the junction of the transverse and descending colon. Pulse 80; tongue a little furred, but moist; great thirst; rectum empty. Ordered fifteen minims of laudanum every three hours. Hot fomentations over the bowels. To be fed with beef-tea and eggs beat up in brandy (could not take milk). Ice and iced brandy-and-water occasionally.—Evening: Free from pain. To continue treatment.

July 23rd.—Condition the same. Ordered enema of warm water.—Evening: No change. Enema rejected as injected.

24th.—Condition the same. To have two ounces of castor oil and an enema of soap and water with the long tube (three pints). Rejected free from stool.—Evening: Oil retained some hours. Had vomited some food. Pulse 84.

25th.—Still vomiting food. Ordered half a grain of opium powder every three hours.—Evening: Vomiting stercoraceous matter. Pulse 88.

26th.—Still vomiting stercoraceous matter; bowels tympanitic. Ordered two grains of calomel to be added to the opium. No pain except uneasiness.—Evening: Consultation with Dr. Heath, of Newcastle. Condition the same. Treatment to be continued.

27th.—Still vomiting. Continue treatment. Pulse 95.

28th.—Free from vomiting. To have four grains of calomel and eight grains of compound extract of colocynth.—Evening: Condition the same.

29th.—Vomited during the night. To have a quarter of a grain of opium powder every three hours. Little or no pain.

30th.—Free from vomiting. Passed wind.

31st.—Vomiting very much stercoraceous matter. Ordered fifteen minims of laudanum per rectum every four hours.

Aug. 1st.—No vomiting or pain. To resume the quarter of a grain of opium powder. To have two enemata of water; brought away several small scybala; pulse 100.

2nd.—Pulse 104; tongue dry; condition otherwise the same.

3rd.—Bowels much distended; restless.

4th.—Condition the same. Gave chloroform for Dr. Heath to examine the rectum, as owing to piles he complained of much pain on previous occasions. Enema of water (three pints) while under the influence of chloroform; rejected as injected.

5th.—Looks exhausted and restless; cannot sleep; no great pain. Ordered half a grain of opium powder and one grain of extract of belladonna, in pills, every three hours.

6th.—Under the influence of belladonna; passed a great deal of flatus. To use the following liniment instead of the pills (had twelve pills):—Belladonna liniment, four drachms; spirits of turpentine, one ounce; olive oil, three ounces: to be rubbed over the abdomen three times a day in the direction of the peristaltic action of the bowels.

7th.—Under the full influence of belladonna; passed a great deal of flatus; bowels much less distended. To substitute tincture of opium for belladonna in the liniment. To have thirty drops of tincture of opium every three hours.—9 P.M.: Bowels acted; still under the influence of belladonna; no sleep.

8th.—Bowels acted freely; stools natural; slept after the third dose of opium.

9th.—The effects of the belladonna have passed off; bowels opened freely; feels hungry; sleeps well. From this date he progressed favourably, and left for the country a week after, feeling quite well, except that the bowels acted rather freely.

Remarks.—In this as well as many other cases of obstruction it was not easy to determine the cause, though it was conjectured that there existed some narrowing, with impacted scybala, about the junction of the transverse and descending colon, where pain was complained of on pressure; and beyond which, on the left side, there was marked flatness of the abdomen. The case, from the beginning to its termination, never showed very marked urgency of symptoms, nor any tendency of the bowels to try to overcome the obstruction, which induced us to use the aperient medicine. The most remarkable feature in the case, however, was the sudden improvement after he got fully under the influence of the belladonna, when the case had become hopeless under other means. I may mention that the liniment had been rubbed in so gently by his attendant that no value could be attached to its influence mechanically.

West-street, Gateshead-on-Tyne.

CHANGES PRODUCED IN THE RECURRENT LARYNGEAL NERVES IN CASES OF THORACIC ANEURISM.

BY R. J. LEE, M.D.

ON reading the account of the discussion which took place at the Pathological Society on the probable cause of the symptoms of dyspnœa and impairment of the voice in cases of thoracic aneurism, it occurred to me that a short description of certain rather peculiar changes which may be observed in such cases in the condition of the recurrent nerves might be interesting.

There is no difficulty in dissecting the pneumogastrics and recurrents in most cases of aneurism if the plan be adopted of allowing the nervous tissues to become hardened by immersion in pure alcohol, for it is impossible, without this, even for the most expert anatomist to trace the nervous filaments when they are implicated in the walls of a large sac. It seemed to me to be regretted that this was not done in Dr. Johnson's cases; but as the plan of dissecting such preparations at leisure, without removing them from the fluid, so as to float the nerves as they are separated with the needle, is one not generally employed, we may expect, if it is adopted, some interesting additions to our knowledge of this subject of pathology. In a case of paralysis of the right vocal cord, produced by an aneurism of the innominate, which occurred in St. Thomas's Hospital under Dr. Bristowe's care in July, 1870, we found that, as far as could be ascertained from the examination of the laryngeal nerves in the recent state, there was no decided difference between the branches on the two sides. A preparation was made of the right pneumogastric and recurrent, which was accompanied by the following description.

"The right pneumogastric nerve was divided about three inches above the sac of the aneurism, and may be seen dissected to the point where the recurrent nerve is given off from it. In the recent state a considerable alteration was observed in the structure of the nerve where it was in contact with the aneurismal sac, although the branches of the recurrent nerve at a distance from that point presented the natural appearance. The change alluded to consisted in a great increase of the vascularity of the tissues of the nerve, in the dark venous colour which they presented, and in their œdematous and easily lacerable condition. A small portion of the sac of the aneurism is preserved in the preparation. It was found, after hardening the nerves in alcohol, and examining them closely, that a nervous filament, little thicker than a thread, was all that remained of the recurrent after separating the fibro-cellular tissue which surrounded it. The nerve on the left side was unaffected."

In two other cases, in which the symptoms were less severe, the change was not so decided—that is to say, the nervous filament was reduced about half its ordinary size. In other cases nervous cords may be found stretched and reduced to a fine thread of fibrous tissue, the nerve-tissue being entirely wanting.

As it is desirable to study pathological changes carefully before considering their relation to symptoms, these remarks may lead pathologists to multiply and record observations on this subject.

Savile-row, W.

A CASE OF HERMAPHRODITISM.

BY WILLIAM C. HILLS, M.D.,
MEDICAL SUPERINTENDENT, NORFOLK COUNTY ASYLUM.

M. C——, aged forty-two, single, dressmaker, was admitted into the Norfolk County Asylum on April 29th, 1865, suffering from mania with occasional paroxysms of violence. When received she had a vigorous growth of hair on the upper lip and chin, for which she had used depilatories, with the effect of making matters worse. The upper part of the body is masculine in form, and the mammæ are undeveloped as in the male sex. The lower part of the body is feminine in its outline, and the voice has the feminine tone and character. On examining the reproductive organs, the clitoris was found to be largely developed, having also a distinct prepuce. No testicles exist in the labia or inguinal canals. There is a distinct vagina, and the finger appeared to touch the os uteri. She struggled so much that the examination in this last respect was not so satisfactory.

At an early age M. C—— had the slightest possible signs of menstruation on three consecutive occasions. She was from girlhood very eccentric, and never cared to associate with or enter into play with any children. Since she has been in the asylum she has always scrupulously avoided bathing in the presence of anyone. During the last five months she has behaved most indecently to two attendants, towards whom she evinced strong sexual passions; full doses of bromide of potassium soon allayed this amorous tendency.

As will be seen from her photograph, she has abundance of hair on the face, which has exposed her to the ridicule and remarks of her fellow-patients.

It is not uncommon to find hirsute females amongst the insane; but all who have seen this case (including the Commissioners in Lunacy) assert that they have never before met with an insane woman having so perfect a beard and moustache as M. C——.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CLINICAL REMARKS ON XANTHOPSIA IN JAUNDICE, AND ON THE DISTRIBUTION OF THE BILE PIGMENT IN JAUNDICE.

(By Dr. MOXON.)

XANTHOPSIA very rarely occurs in jaundice. Dr. Moxon has never known a jaundiced patient make serious complaint of white things appearing yellow. Cases are occasionally reported in which all things appear yellowish; but on further examination of these patients, whenever the opportunity has offered, the statement has proved to be an answer to a leading question. Yet cases of xanthopsia are given by such excellent authorities, and its occurrence is so generally admitted, that one cannot doubt it sometimes, though rarely, occurs.

Now, seeing the readiness with which foreign substances in the blood find their way into the transparent media of the eye, it is the absence of yellow vision in deep jaundice that needs explanation. If the vitreous and lens were yellow, of course the patient must see white things as yellow, at least as certainly as if he had on yellow spectacles. Dr. Moxon's object was to help to place the matter in a clear light by showing, from direct observation, that in seven cases of fatal obstructive jaundice the vitreous and lens were not even tinged with bile-pigment, although the serum of the blood was of a deep saffron hue. The contents of the eyeball were in each case removed, and put into a glass of clear water: the result was that the humours of the eye were entirely lost sight of, except from specks of foreign matter adhering; the water and the humours were so exactly alike in colourlessness that not the faintest outline of the latter could be traced. Thus we become aware that in the deepest jaundice the eye-humours escape coloration. Meanwhile it was true of each case that vision was natural; there was no xanthopsia.

It now remains to show that when xanthopsia is present the ocular media are yellow. That Dr. Moxon is unable to do, as he has never met with xanthopsia. But the way is cleared by our knowing that the deepest jaundice does not ordinarily tinge the eye-humours. One must not turn away thinking it was natural to expect the eye-humours to be free from bile in jaundice. On the contrary, it is a very curious exemption on their part, and needs explanation. The serum of the blood out of which these humours are fed is saffron-yellow, and where is the filter which retains the colour so that it cannot enter within the eyeball? The sclerotic is wonderfully yellow, or even deep olive-green, in some of the cases. Must we suppose that the eye-humours have an undiscriminating exclusive tendency towards all strange products? Certainly not. Even the lens is soon permeated by salts introduced into the blood. Thus Dr. Bence Jones, in an interesting series of experiments, found that lithia quickly showed its presence in the lenses of the eyes of little pigs which were made to take it; so that the purity of the eye from pollution with bile in the deepest jaundice is a matter by no means to have been anticipated, and one which requires to be established by observations as careful as those whose results are mentioned. It is more difficult to say whether the retina is yellower than natural. Certainly in these cases it was not evidently yellower. Analogy with the kindred substance of the brain leads Dr. Moxon to suppose that the retina would not be stained by bile in jaundice, because he has found the brain to keep its natural colour in jaundice. But this must be said with all due deference, for authorities differ a good deal on the point. Thus Niemeyer says: "*Only* the brain, spinal marrow, and nerves form an exception (to the rule that all organs are yellow), as only a slight colour can be seen in them." Dr. Murchison says: "The jaundiced tint penetrates every part of the body that is penetrated by blood, as even the brain, the bones, and the fœtus in utero." Dr. Moxon has always found a yellowish cast to prevail on the freshly cut surfaces of the brain, but this has always been due to the oozing of jaundiced serum from the divided vessels, so that when a stream of water had run gently over the section, and the serum was washed off, the brain showed its natural colour. The membranes of the brain and its ventricular fluids are, on the other hand, always jaundiced.

The lecturer had no theory of the cause of the freedom of eye-humours from jaundice, but the following reflections naturally arise. This freedom is probably due to the vital constitution of the membrane, which secretes the fluids, resisting the natural osmotic diffusion; and so far as the conditions of vital constitution are subject to deterioration, it is quite possible that the membrane may be so lowered in vitality as to permit a leakage of the biliary colour into the fluids. The physical laws which are counteracted within the living body are always endeavouring to reassert their preponderance; and we should expect that there would sometimes be a diffusion of the biliary colour through the natural tendency to osmotic diffusion overpowering the vital filtering arrangement.

LONDON HOSPITAL.

CASE OF INJURY TO THE SPINE RESULTING FROM A FALL OF THIRTY FEET ON TO THE HEAD.

(Under the care of Mr. JONATHAN HUTCHINSON.)

For the following notes we are indebted to Mr. Edward Nettleship:—

The patient, a man aged thirty-five, fell on October 7th from a height of about thirty feet on to his head. Six hours afterwards he presented the following symptoms:—Almost complete motor paralysis of legs and arms; somewhat diminished sensibility of skin over the trunk and all the extremities; respiration feeble and entirely diaphragmatic; dilatation of the arteries generally, with hot skin; contraction of the pupils, and inability to dilate when shaded; para-

lytic priapism; and retention of urine. He complained of great pain in the back. It was noticed that the end of his tongue was bitten quite off, and from this circumstance Mr. Hutchinson inferred at the bed side that a chin-fracture of the sternum had probably occurred, although no irregularity of surface or mobility of the bone could be detected. There was no perceptible irregularity of the bony points in any part of his spinal column.

In commenting on the case at the bedside Mr. Hutchinson remarked on the incompleteness of the paralysis, this being the ordinary result of a momentary squeeze of the cord, and on the fact that the patient's sensation was much less injured than his motor power. In the present case the difference between the motor and sensory paralysis was so great that it was at first thought that sensation was intact and motion completely lost, but the lecturer was able, after careful trial, to correct this error. When first admitted there was no perceptible loss of motion or sensation, these symptoms coming on gradually two or three hours later. The gradual increase, and yet incompleteness, of the paralysis pointed, Mr. Hutchinson thought, to a sudden temporary pinching or "trapping" of the cord by a temporary narrowing of the spinal canal, followed by slow oozing of blood into its substance. Mr. Hutchinson noticed that the paralysis of the upper extremities involved the biceps muscle and the serratus magnus on each side, and that respiration was carried on solely by the somewhat enfeebled action of the diaphragm, and diagnosed an injury to the cord at or close to the fourth cervical vertebra. He here remarked that in spine injuries with paralysis, the lesion of the cord must generally be reckoned as about one vertebra higher than the uppermost of the paralysed nerves, partly because the nerves approach the cord more or less obliquely from below, partly because in the neck each nerve corresponds in number to the vertebra below it, not to the one above it. Trephining the spinal canal was alluded to, and the practice strongly objected to—first, because paralysis from injury to the cord is almost always due to momentary trapping of the cord by the temporarily displaced bones, scarcely ever to permanent squeezing either by depressed bone or blood-clot outside the cord; second, because if a permanent depression or a blood-clot existed it would be impossible to be certain of its exact position, since it might not be indicated by any proportionate irregularity of the spinous processes, while, on the other hand, depressions or fractures of the spinous processes are no sure guides to the state of the spinal canal beneath.

The patient died about twenty-four hours after the accident.

At the post-mortem examination a fracture of the lamina of the fourth cervical vertebra was found, together with a partial rupture of the intervertebral disc between the fourth and fifth. There was no displacement whatever. Some blood was found between the dura mater and the bone, but in removing the arches of the vertebra the cord was accidentally somewhat injured near the seat of fracture, so that it was impossible to decide how much of the softening and disorganisation were due to the accident, and how much to post-mortem violence. On incising the cord lengthwise, however, no decided evidence of central ecchymosis was discovered. The sternum was fractured on its posterior surface at the upper part. There was also a complete rupture of one or two inter-spinous ligaments in the dorsal region.

ST. THOMAS'S HOSPITAL.

CARCINOMA ŒSOPHAGI; GASTROTOMY; DEATH.

(Under the care of Mr. FRANCIS MASON.)

THE success which has attended the operation of gastrotomy for physiological purposes or for the removal of foreign bodies from the stomach, naturally suggested the attempt to make a new way into the stomach when from any cause the œsophagus has been permanently and narrowly strictured. But, unfortunately, so far there have occurred no cases in which the operation under these circumstances has been really successful, although in some cases the patient has survived many days, and the symptoms have been much relieved. In malignant disease of the œsophagus this operation appears justifiable; if successful, it would not only rid the patient of much distress, but would allow of the free administration of nutriment.

The following case, for the notes of which we are indebted to Mr. William Garton, house-surgeon, is the third case of gastrotomy performed at St. Thomas's Hospital within a few months. The other two cases are recorded by Mr. MacCormac in the last volume of the Clinical Society's Transactions, one of the cases having been operated on by that gentleman, and the other by Mr. Le Gros Clark.

Thomas R——, aged fifty-eight, a porter, was admitted July 26th, 1872. Patient noticed difficulty in swallowing solid food in March last. Since May no solid food had been retained, and for eight days before admission no liquids. The patient was extremely emaciated, and had some tenderness about the thyroid cartilage, but no thickening could be detected at this part. A No. 12 bougie was passed apparently into the stomach, and after that a large prostatic catheter, through which liquid nutriment was injected, but which was not retained. The length of bougie passed was fifteen inches, measured from the mouth.

July 27th.—Gastrotomy was determined on, and, on chloroform being administered, Mr. Mason made an incision three and a half inches in length, immediately below and parallel with the costal arch on the left side. The stomach was easily reached and secured with tongue forceps, and, after being fastened by means of sutures to the edges of the wound, was opened. No hæmorrhage occurred, nor was there any escape of the contents into the peritoneal cavity. Patient to be fed through the opening every half-hour with beef-tea and brandy. An hour after the operation the patient felt comfortable; pulse stronger; no nausea. Four hours afterwards the patient was progressing satisfactorily. Nutriment retained. To have a hypodermic injection of one-third of a grain of morphia.

July 28th.—Passed a quiet night. 3.45 P.M.: Pain in the abdomen. Face pale, extremities cold, pulse quick and feeble. 5.50: Patient died.

Autopsy.—A mass of cancerous growth, almost encircling the œsophagus, was found about one inch and a half above the cardiac entrance of the stomach, normal mucous membrane intervening between this and the growth. A similar mass, about the size of the fist, involved the head of the pancreas, and pressed mechanically on the lower end of the œsophagus and on the cardiac end of the stomach. Other organs quite healthy. No peritonitis.

SUSSEX COUNTY HOSPITAL.

MALIGNANT DISEASE OF THE KIDNEY, WITH A NORMAL CONDITION OF THE URINE.

(Under the care of Dr. FUSSELL.)

A MAN, aged twenty-five, a draper's assistant, and up to a few months prior to his application a volunteer artilleryman, was admitted an out-patient suffering from debility and pain in the loins, especially after walking. His general health appeared good, he owned to no loss of flesh, but complained of pain only in the back. On the most thorough investigation no cause for this could be discovered. On several occasions the urine, being carefully examined, was found perfectly healthy. In a few weeks by rest and tonics he improved considerably, but did not lose the pain in the back. He ceased to attend, but returned in about a month, when a tumour the size of a turkey's egg was found in the right hypochondrium, extending towards the mesial line. It was rather hard, without tenderness or fluctuation, and there was no bowel in front of it. The abdominal parietes were freely movable over it, and it was apparently adherent to the subjacent structures. There were no friction sounds and no hydatid vibration. He had never passed any blood. As the tumour increased, he was admitted into the hospital in December, 1871, but only remained a few days, being alarmed by the suggestion of an exploratory puncture. He then became a patient of Dr. Wooldridge, who saw no objection to the proposed exploration, and in a few weeks, the tumour having considerably increased and become much softer, giving to the touch a deceptive sense of fluctuation, a small trocar was inserted to the depth of three inches, when a few drops of thick, bloody fluid exuded, which, under the microscope, gave no definite signs. Emaciation, which had been slowly coming on, soon became very marked,

owing to his inability to retain any food on the stomach, and he gradually sank about seven months from the time of his first application at the hospital.

Mr. Nicholls, the house-surgeon, made the post-mortem, with Dr. Wooldridge and Dr. Fussell. The right kidney could not be found; in its place was an enormous mass of soft cerebriform-looking matter, in which no remains of the structure of the kidney could be found. It was adherent to the edge of the liver, and in the anterior border of this organ similar deposits existed. The lower part of the right ureter was attached to the bladder. The left kidney appeared quite healthy, and but little increased in size. Circumstances prevented the other cavities being opened. The diseased tissue under the microscope showed numerous rounded compound cells, such as usually characterise an encephaloid growth.

Dr. Fussell remarked that the above case was one of great interest, inasmuch as it was almost impossible to make an accurate diagnosis, for the following reasons. There were no symptoms pointing to a derangement of any particular organ, such as repeated vomitings (save towards the end), jaundice, anæmia, bronzing of the skin, severe abdominal pains, or unhealthy alvine evacuations, but especially because, though the tumour might possibly have been referred to the kidney, yet the secretion on repeated examination presented no indication of disease in any part of the urinary tract. This fact of disease of one of the kidneys coexisting with a normal state of the urine has been occasionally recorded, especially by Dr. Bright,* when relating a case of fungoid disease of that organ in his work on Abdominal Tumours. Chronic abscess occurred to one's mind, though there were no symptoms indicating its existence. To the sight and touch in many respects it resembled an hydatid cyst of the liver, particularly as the fingers could not be inserted deeply between it and the edge of the ribs. The trocar fortunately furnished valuable information. Had it been a non-suppurating hydatid, a clear fluid would probably have been found; if a cyst of the kidney, it might have contained urinary elements; but that these are not invariably present in such cases was shown in a discussion at the Medico-Chirurgical Society.† The absence of pus excluded abscess and suppuration of all kinds. Moreover, as illustrating the difficulties of diagnosis in these affections, a case occurred at the Middlesex Hospital,‡ which was operated on under the supposition that it was ovarian, whereas it proved to be a large cystic tumour of the kidney, thus corroborating Dr. Bright's opinion, written many years since: "Perhaps of all the errors made in the diagnosis of kidney disease, the most frequent has been to consider the enlarged kidney as an ovarian or uterine tumour."§ And the descriptions of these cases at the above meeting gave abundant evidence of the facility of falling into this mistake.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 14TH, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

AN ANALYSIS OF SHIP AIR, AND ITS EFFECTS.

BY ALEXANDER RATTRAY, M.D. EDIN.,
SURG. R.N., H.M.S. BRITANNIA.
(*Communicated by* GEORGE BUSK, F.R.S.)

MUCH, perhaps nine-tenths, of the sickness prevalent in H.M. Navy is preventable. Many diseases result from impure air. Experiment shows that ship air is more vitiated than is generally supposed. No analysis has hitherto been made. Without a correct knowledge of the intensity and nature of pathological agents, we cannot fairly estimate their effects, or endeavour to counteract them.

Measurement showed that in H.M. frigate *Bristol*, the type of a large class, the crew had little more than from 100 to 120 cubic feet space at night and 60 at meals; officers about 400. This contrasts with the 600 cubic feet allowed soldiers in cold and 1500 in warm climates; hence chiefly why ship air is more impure than that of barracks or private dwellings generally. Although large ironclads give a greater air-space, they are more shut in, and the internal atmosphere is probably equally impure.

The results of 150 experiments, during a four months' voyage from the Cape of Good Hope to England, show that carbonic acid, chiefly derived from the lungs, is the great impurity. This varies from 4 to 18 vols. per 1000, and even more in the deeper parts. For obvious reasons, it is most abundant where and when the men are crowded—e.g., on the berth-deck, at meal-times, and at night. It also varies with the ventilation.

Ammonia from the urine; sulphuretted hydrogen and sulphide of ammonium from the bilge; volatile organic matter chiefly from the lungs, skin, and mucous membranes; watery vapour from the skin, lungs, and sodden decks; microscopic floating dust or débris from the ship, stores, and crew, are also estimated; the quantities being more abundant than is consistent with health. Ozone diminishes as the impurity increases, and is absent in the innermost parts.

The mechanical and chemical pathological effects of carbonic acid are immediate and remote. From nightly renewed imperfect blood aeration follow lung congestion and a predisposition to pulmonary and cardiac ailments, easily excited by the sudden chills of night-work and severe exercise aloft. Hence the frequency of diseases of the respiratory and circulatory systems—e.g., phthisis, bronchitis, catarrh, &c. From its non-elimination, and perhaps reabsorption, spring general blood and tissue poisoning, imperfect nutrition and function of every organ and system, whether nervous, muscular, or granular, a long list of more or less obvious, but perhaps oftener obscure ailments, and ultimately premature old age. These results are aided by the long inhalation of organic matter — sulphide of ammonium, &c., and perhaps the deficiency of ozone.

The practical conclusions show the necessity of giving ships the best ventilating apparatus; of always keeping this efficient and at work; and of not trusting solely to fixed systems, but aiding these, when possible, by others; as the air which all, and especially fighting men, breathe cannot be too pure.

The PRESIDENT said he had listened to the paper with great interest. The subject was one of great importance. He should like to know if there was any correspondence between the health of the men in the Royal Navy and the merchant service, as he believed the ships of the latter were less ventilated.

Mr. BRUDENELL CARTER said that a member of the medical profession—Dr. Thiers—had proposed to remove the evils of bad ventilation by his automatic ship-ventilator. He had had an opportunity of seeing the system tried on board H.M.S. *Vigilant*, when recently at Plymouth. The apparatus was arranged as follows:—On each side of the ship there were placed two tanks opposite each other; each pair was connected by a transverse pipe, one filled with water, the other with mercury. From the tanks connected by the water-tube pipes led into the hold, between the decks, and other parts of the ship to be ventilated; from the upper part of the tank a large pipe proceeded, which opened into the air above the bulwarks; each tube was guarded by a valve opening upwards. When the ship was in motion, she always rolled more or less; the inclination to one side caused a vacuum in the tank of the other side, air at once rushed from the hold, &c., to fill it, the return movement of the ship forced the water from the transverse tube back into that tank, and of course the foul air through the upper pipe into the open air. The tanks connected by the tube full of mercury acted in the same way in pumping out the bilge-water. The naval officers were well satisfied with the arrangement, and it was determined to fit it to other vessels. The system has been in use on the ships of the American navy.

Dr. ALTHAUS thought the Society was much indebted to the author for his paper; and he only regretted that subjects of interest were not often brought before the Society by gentlemen who had such opportunities of observation as the author. Dr. Rattray had stated that in the analysis of the air in some parts of the ship there were found 33 volumes of carbonic acid in the 1000. This appeared to him (Dr. Althaus) very excessive when he remembered that in pure air there were only 4 volumes in the 10,000. From

* On Abdominal Tumours, p. 232.
† THE LANCET, May, 1868.
‡ Ibid., March, 1865.
§ Op. cit., p. 201.

observations that had been made in Germany, the carbonic acid in crowded places of amusement, theatres, &c., was not very much above that in ordinary rooms. The chief deleterious and dangerous effects were not due to the excess of carbonic acid, but to the presence of organic compounds and sulphide of ammonium, small quantities of which exert a poisonous influence. In the observations on oxygen the author said that more was required and taken into the system during the night than in the day; and it was, so to speak, stored up in the system. Pettenkofer was the first to notice this. So that a limited space for sleeping in was serious to those constantly sleeping there. On this account large bedrooms were essential for health. He (Dr. Althaus) was surprised that there were no suggestions made by the author for improving the ventilation of ships. The principle of the appliance for ventilation described by Mr. Carter was mechanical, and only of use when the ship was at sea. Could not some chemical means be employed, as by using lime-water, to absorb the carbonic acid? Then an absence of ozone was spoken of; why should not an electrical machine be worked for a short time each day, and so make up the deficiency?

Dr. SYMES THOMPSON thought it might be inferred from the paper that sailors were unhealthy men. He did not think the number of cases of chest disease as great as might be supposed, if the evils were in all ships the same as in H.M.S. *Bristol*, described by Dr. Rattray. From his (Dr. Thompson's) experience at Brompton Hospital, the number of sailors applying was not very large; they more often suffered from emphysematous than tubercular disease. By the sudden changes from warm to cold one could understand how emphysema arose from engorgement of the vessels. Most of the phthisical sailors he had seen were stewards or persons employed below. If vessels of the turret type were continued to be built the evil would be still more increased, for the air had to be pumped into them; and should the machinery be injured it would be a most serious affair. Dr. Althaus's suggestions were good, but lime-water did not answer unless an aspirator was used, which required complicated machinery.

Dr. FAYRER asked what cubic space was necessary on board ship for sleeping room; if 2000 cubic feet were allowed on shore, how was it only 300 on board ship? It appeared to him that if the crew were not much on deck no health could be maintained.

Mr. CHARLES HAWKINS thought that in considering the diseases of sailors we ought to remember that only the healthy were entered, and those who came up to a certain standard. As to the cubic space required, the committee to settle this matter had decided that not less than 300 was necessary.

Dr. BARCLAY said experiments had shown that not so much the number of cubic feet as ventilation was the point to be attended to; a person could do well in a limited space, provided a sufficient supply of pure air be admitted each hour. A large space made up for deficient ventilation. The Government regulation was 300 cubic feet as a minimum.

Dr. RATTRAY, in reply, said that the air in merchant ships was more impure than in men-of-war; the men, too, were dirtier. He had not seen "Thiers' system of ventilation"; he thought simpler plans better. In the *Bristol* there was a stove in the hold with a long funnel, and the current of air passing up it was sufficient. In the cells air contained 33 volumes of carbonic acid gas in the 1000, on the lower deck only 21 per 1000. Breathing pure air on deck very easily overcame the bad effects of being below.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 10TH, 1873.

SIR WILLIAM GULL, Bart., M.D., PRESIDENT, IN THE CHAIR.

THIS was the annual meeting of the Society, for the election of the officers and other members of the Council. The annual report of the Council was read and adopted. It showed a healthy condition of the Society. There were 222 members; the income was upwards of £281, while the expenditure was £215 19*s*. There were now thirty-two non-resident members. The balloting list of the members, recommended by the Council to fill the vacant offices, was adopted. The following new rules and alterations in the existing rules were proposed by the Council:—

After Rule 10—"A member who has retired from the Society, and wishes to rejoin it, must be proposed and balloted for in accordance with Rules 5, 6, and 7."

In place of Rule 12—"Every ordinary member, when elected, shall pay in advance an admission fee of two guineas, and shall not be required to pay any further subscription for the session during which he has been elected."

In place of Rule 13—"Every resident ordinary member shall pay, in advance, in the month of October in each year, an annual subscription of one guinea, but members elected at any meeting subsequent to the first meeting in April of any year shall be exempt from paying any subscription for the next following session."

After Rule 16—"The President, at the termination of his year of office, shall not be eligible for re-election in the succeeding year."

In place of additional Rule 3—"Non-resident members elected prior to January 10th, 1873, shall be entitled to purchare the Transactions of the Society at prime cost."

To omit Rule 39, which is as follows:—"The Transactions shall be purchasable by members of the Society at prime cost."

These new rules and alterations were adopted, with the exception of the addition to Rule 16, which was negatived by a large majority; and the omission of Rule 39.

It was also proposed that the Rules, as modified at the annual meeting, be collected, renumbered, and published in the next volume of the Transactions.

Mr. DE MORGAN, in graceful terms, proposed, and Mr. BARWELL seconded, a vote of thanks to the President, the Medical Secretary, Dr. Buzzard, and other retiring officers. Sir W. GULL and Dr. BUZZARD responded.

CLEANSING OF WOUNDS.

Mr. CALLENDER brought before the notice of the Society the arrangement adopted in his wards at St. Bartholomew's for the use of camel-hair brushes for the cleansing of wounds. He pointed out the importance of gentleness in their dressing, and stated that, by using the brushes, the cleansing of a wound was no longer in any instance a painful process. The chief object, however, of the plan recommended, was to do away with the employment of sponges and other materials commonly used for cleansing wounds, and which some surgeons believe to be a frequent cause of the passage of infectious material from one patient to another. During nearly two years, of 148 patients operated on, excluding hernia operations, in the wards, only four had died.

CYSTS IN THE CEREBELLUM.

Dr. LOCKHART CLARKE described the case of a naval officer, aged forty-seven at the time of his death, who received a severe blow at the back of his head thirty years before. In the early part of 1869 he was in the Tagus with his ship, and suffered severely from intermittent fever, attended by great headache and occasional delirium. Some months afterwards he returned to England, suffering from frequent attacks of most intense pain at the back of his head. These attacks recurred every morning, and lasted about an hour. They were usually succeeded, first by rigors and then by heat of skin, but not by sweating. His general health was much impaired, and the digestive organs much deranged. After a few months' improvement under treatment, the headaches returned with great violence, and gradual impairment of vision until he became totally blind. The pain extended down the spine; his gait was unsteady; and there was dysphagia, and sometimes vomiting. On June 3rd, 1872, he expired quietly, his intellect remaining perfectly clear until the last moments. At the necropsy, there was found to be general venous congestion of the brain, the substance of which was firm. The lateral ventricles contained about six ounces of fluid. On the posterior inferior aspect of the left lobe of the cerebellum a clot of blood about the size of a florin was found resting; and beneath this, embedded near the surface of the cerebellum, were two cysts filled with glairy fluid—one about the size of a walnut, the other about the size of an almond. The patient's mother died after a succession of paralytic seizures during several years. The necropsy showed atheromatous arteries of the brain; patches of softening cysts in the white substance of each lobe of the cerebellum; and

atrophy of the substance and nerve cells of one of the olivary bodies of the medulla oblongata. One of this gentleman's sisters is now under Dr. Clarke's care for paralysis agitans, with a curious complication—viz., persistent contraction of the left wrist, extension of the first phalanges, and contraction of the remaining phalanges, forming a complete *main en griffe*, without any atrophy of the interossei or other muscles of the arm. As was the case with her mother's, her diathesis is gouty.

Reviews and Notices of Books.

Human Physiology the Basis of Sanitary and Social Science. By T. L. NICHOLS, M.D. pp. 479. London: Trübner and Co. 1872.

WE have read this book through with pleasure, not unmingled with astonishment: pleasure, because it is written in very good style, and treats the subject of physiology in a mode that it has been too much the fashion to neglect—namely, in its immediate relations to the actions, the wants, and the duties of society; astonishment, because of the curious inequality in point of knowledge and—may we venture to say it?—of common sense that runs through the volume. The greater part is written in a singularly clear and unpretending manner, giving the impression that the writer is a thoroughly well informed man, who has used his eyes and ears to some purpose in passing through the world; whilst every now and then we meet with passages that almost make one's hair stand on end by their cool assumption. We will justify our remarks by reference to one chapter only (ch. vi., part ii.), "On Human Life and Immortality," which contains some of the most remarkable statements we remember to have seen in any physiological treatise. After comparing man with animals, he scornfully dismisses the Darwinian hypothesis in a paragraph, and then goes on to say:—

"There is reason to believe that the nervous power is sometimes kept up by the absorption of finer elements of life than our common food supplies. There may be a nerve atmosphere or aromas of spirit nutriment of which we have little conception."

There may be, it is true. Lovers are said to live on air; yet even on this coarse nutriment—coarse, that is to say, in comparison with spiritual aroma—they do not appear to thrive. What facts, or supposed facts, can have led Dr. Nichols to broach this physiological heresy? Again, he maintains that

"There is abundant evidence that the spirit of man—the intelligent life-force which uses matter, or the forces which impress matter—exists after the death and decay of the body; exists with all its powers and faculties, and with some striking advantages, particularly in clearness and scope of vision, being all clairvoyant, and in a facility of locomotion which amounts almost to the annihilation of space or a modified ubiquity. Spirits in the body sometimes have power to perceive the thoughts and feelings of others, and know the distant, the past, and the future. All spirits out of the body probably exercise these faculties habitually, and may have others of which we have no conception."

And again:

"Human beings have sometimes the power of seeing clearly what is going on hundreds or thousands of miles away."

If Dr. Nichols had said "guessing" instead of "seeing" clearly, he would in our judgment have been nearer the mark. Surely he must have been attending some of Mr. Home's *séances* and been converted by Serjeant COX. This is not science; and it is a pity that such observations, unsupported as they for the most part are by any evidence, or capable of easy explanation where they receive such support, should have been introduced into a work which has otherwise many claims to attention. We will not dwell on other absurdities, as that "flesh is a stimulating form of food, often impure and unhealthy in itself, causing fever of the blood, and exciting sensual feelings, which are amongst the chief perils of childhood." But we do think that, in the purely physiological part, Dr. Nichols might have avoided statements that, if not absolutely erroneous, are at least very doubtful. For instance, in speaking of the flow of blood in the veins, he says the "heart cannot draw the blood back through the veins—their flabby structure would collapse at once; the blood must be pushed back to the heart by the capillary forces." We hold that the heart effects the movement of the blood in the veins. There may perhaps be some additional impulse given to it as it traverses the capillaries, but it can only be slight. Again, Dr. Nichols describes the epithelium lining the intestines as ciliated, and gives an indifferent drawing of ordinary ciliated columnar epithelium, which it certainly is not. The cells have what the Germans call a basal border or hem, which presents under certain conditions vertical striæ, and may even split into lamellæ; but these are not in "perpetual rapid motion, brushing or sweeping forward the fluid matter." Again, at page 180, Dr. Nichols introduces a drawing of a sympathetic ganglion, which, if given by a candidate at the first College examination, would, we think, ensure his rejection. Has Dr. Nichols ever seen a section of a sympathetic ganglion? Did he ever see one without cells?

Nevertheless, the volume contains some thoughtfully written and suggestive chapters, especially on what he terms the problems of the sexual relations, including disquisitions on such subjects as love and marriage, hereditary transmission, and the laws of sexual morality. These are discussed in an admirable manner, and deserve to be read. We think he appeals somewhat too frequently and unnecessarily to the analogy of certain domestic animals, for it is to be remembered that such an argument may be made to cut both ways, and that very marked differences exist among the lower animals in respect of their sexual relations. In truth, the "morality of married life" is not, and can never be made, a constant quantity.

Our space is too limited to do more than to refer in terms of high commendation to the two last parts of the book, entitled "Health, Disease, and Cure," and "Morals and Society." They are both replete with excellent principles. Still there is the same curious vein of eccentricity running through this as the other parts of the work. Fancy any one regarding Priessnitz as "inspired," and the product of his inspiration as the "wet-sheet pack," respecting which Dr. Nichols knows "of no disease and no condition of disease in which it may not be used by a judicious adaptation to the reactive power of the patient"; whilst he maintains that "it has more power and efficacy in carrying out the two great processes of cure—purification and invigoration—than all the medicines of all the pharmacopœias from Hippocrates to Hahnemann." Again, we know no reason for regarding pork as productive of scrofulous diseases, if the animals be properly fed and kept clean. Nor, in spite of Mrs. Nichols's experience, do we think it a wise thing to allow a woman to take a bath and sit up and walk the day after the birth of a child, and so on. Thus, by expressing his belief in vegetarianism, in the exclusion of all alcoholic liquors, in mesmerism, and other fantastic doctrines, Dr. Nichols seems to us to have spoilt what would otherwise have been a valuable and much needed book. We would recommend him to have it carefully revised by any intelligent young graduate, or, still better, to omit the physiology, and to discard spiritualism *et hoc genus omne*,

and we shall then be prepared to recommend it as the best appendix to the ordinary treatises on physiology with which we are acquainted.

Hysterology: a Treatise, Descriptive and Clinical, of the Diseases and Displacements of the Uterus. By EDWIN NESBIT CHAPMAN, M.A., M.D., late Professor of Obstetrics in the Long Island College Hospital. pp. 504. New York: Wood and Co.

THIS work is intended by its author to be essentially a clinical treatise, and so in one sense it is—that is to say, it is founded, or professes to be founded, upon a record of cases which the author has had under his care in the Long Island College Hospital. It does not appear, however, whether the author's views of uterine pathology have been inspired by clinical study of the cases in question, or whether he has applied to them a preconceived idea of what that pathology ought to be. The work at any rate is of a somewhat pretentious kind, for it seeks to establish a new system of uterine pathology, professedly the result of clinical study alone.

It appears that the author was originally indoctrinated in the belief of the constitutional origin of the benign affections of the uterus, and of course he relied on general treatment only, with the result that might have been anticipated—namely, failure. More extended experience, however, aided by the use of instruments—the uterine sound and speculum—for the physical exploration of these affections, taught him that their local origin was much more common than he had anticipated, and naturally local treatment became henceforward an article of his medical faith. It does not appear, however, that his new faith has to him more than a few years' history, and we cannot therefore feel the fullest confidence in his teaching; at the same time we must admit that in the main his therapeutical system is sound and true, and we can only hope that further experience will help to modify some at least of his propositions, for it is very evident that Dr. Chapman is a man of thought, who is careful in his observation, very painstaking, perfectly free from bias, and ready therefore to profit by any lessons that experience may teach him. It appears that a few months of unremitting and painstaking application were sufficient to break down and destroy the gynæcological creed of his earlier days, and the diseases which he had been taught to believe were enveloped in obscurity he now found to be perfectly recognisable by the ordinary methods of investigation. Hence, he is "emboldened to assert most positively, that no class of disorders is more readily diagnosed, none is more certainly removed, and none is more free from a liability to a relapse, than the one of which it is my purpose to treat in the following pages." It is the common experience of the world that no men are such enthusiastic advocates as the converts to a new creed. Dr. Chapman is an illustration of this law, and we can only hope that further experience will find him equally ready to profit by it.

The work before us opens with a detail of symptoms and the modes of examining cases of uterine disease; then follow chapters on the anatomy and physiology of the female generative organs, and on the pathology and etiology of uterine diseases. Here the pathological doctrines of Tilt, Bennet, Meigs, Scanzoni, and Tyler Smith are described and discussed; and then follows a chapter on the author's views, the chief features of which appear to be that—"To this (menstrual) period, intervening between the inception and decline of the menses, uterine disease in the writer's experience is limited, it neither originating before the age of puberty nor continuing after the menopause." It follows from this that the author's views of uterine pathology are based upon uterine physiology, and to this little exception can be taken. But when he comes to apply this to practice there is much from which we are bound to dissent; for instance, he entirely disbelieves in the existence of uterine inflammation, regarding all such cases as congestion only. Nevertheless, he is a strong advocate for local depletion, and, on the whole, his therapeutic system appears to us judicious and sound. He is a decided opponent of the new "mechanical system of uterine pathology," and hence is opposed to that unhappy tendency in some modern gynæcologists to treat almost all cases of uterine disorder by some form of vaginal or uterine pessary. He says, "A flexion (of the uterus) ..... will give rise to no symptoms if, as is commonly the case, the menstrual flow be unimpeded." We should agree with this if the author had added, "or there be no attendant inflammation."

The book discusses very fully, and with the addition of numerous cases, most of the so-called functional, or non-organic, diseases of the uterus and its appendages. The chapter on treatment and the "aphorisms of uterine therapeutics" contains very much that we can cordially endorse, and has material that will well repay careful study. As a work treating of one branch only of uterine diseases, it is fairly complete and full, and it has the very great merit of being based entirely upon clinical observation.

Travels in the Eastern Caucasus, on the Caspian and Black Seas, especially in Daghestan, and on the frontiers of Persia and Turkey, during the summer of 1871. By Lieut.-Gen. Sir ARTHUR THURLOW CUNYNGHAME, K.C.B. pp. 367. London: J. Murray. 1872.

A Journey through the Caucasus and the Interior of Persia. By AUGUSTUS H. MOUNSEY, F.R.S.E., Second Secretary to H.M. Embassy at Vienna. pp. 336. London: Smith, Elder, and Co. 1872.

THE Caucasus, since the beginning of this century, has played an important part in the geographical pathology of Europe. It formed the highway along which the first and second great epidemic extensions of Asiatic cholera certainly travelled from Persia into Europe, and it is not improbable that along the same route the third and fifth extensions of this disease to Europe also travelled. The recent opening out of a quicker and more direct route from the Persian frontier, through Transcaucasia to the east coast of the Black Sea, the large diversion of Persian commerce with Russia to this route, and the introduction of the railway into Transcaucasia, communication by rail having already been completed between Poti and Tiflis, all tend to make the future relations of Russia with Persia much closer than they have hitherto been, and thus to heighten the danger of transmission of cholera from the latter country to the former. From this point of view, whatever adds to our knowledge of the Caucasus has a special interest for the epidemiologist at the present moment, and the two works named at the head of this notice, although not pretending to be more than jottings of travel, contain welcome information. Sir Arthur Cunynghame was in the Sea of Azov at a time when cholera was prevailing on its shores, and he suffered from a choleraic attack after leaving Kertch. Mr. Mounsey, whose travels began in 1865, was impeded in his early journeys by the quarantine adopted in Mediterranean ports on account of the epidemic of cholera which spread to Southern Europe that year.

Sir Arthur Cunynghame's work has an additional interest from an account which it contains of a visit to the battle-fields of the Crimea. He had taken a distinguished part in the Crimean war. After leaving the Crimea, he traversed the Sea of Azov, ascended the Don to Kalatch, then crossed by the new railway the tract of country intervening between

that town and Tzaritzen, on the Volga, and next descended the Volga to Astrakan. His further route was from Astrakan, by sea, to Petroloks, from Petroloks to Vladikavkas, and from the latter town he traversed the great road through the Caucasian mountains to Tiflis, the greater part of the way along the route which cholera had travelled in its earlier invasions. From Tiflis he journeyed to Erivan and Echmiadan, and then returned northwards to Tilliwell (the then point of completion inland of the Poti-Tiflis railway), and thence by rail to Poti. Of the whole of this route, most of which is familiar, from the names of the different towns and villages along it, to students of cholera, Sir A. Cunynghame gives much suggestive information.

Mr. Mounsey, in his second chapter, gives an interesting statement of Russian projects connecting St. Petersburg and Odessa with Turkestan and the northern and north-eastern provinces of Persia by steam. In subsequent chapters he describes a journey by way of Poti, Tiflis, and Tabriz to Teheran, a residence in Teheran, and a further journey south by way of Koom, Kashan, and Ispahan to Shiraz; he describes also a journey westward to Kermanshah. All the places traversed have become too familiar in name to epidemiologists from the prominence they have obtained as seats of cholera during the different visitations of that disease in Persia, and the information given by Mr. Mounsey with regard to them is full of interest.

We commend both Sir A. Cunynghame's and Mr. Mounsey's works to our readers, not only for the information they yield respecting localities which have more than once played an important part in the transmission of cholera to Europe, but also as interesting works of travel.

DR. CUNINGHAM'S SANITARY REPORT.

THE long and excellent official work named below* consists of a report by Dr. J. M. Cuningham, the Sanitary Commissioner with the Government of India, and of five appendices. The latter contain a review of local sanitary reports; an account of bladder-worms in beef and pork, by Dr. Lewis; researches into the nature of the agents producing cholera, by Drs. D. D. Cunningham and Lewis; an inquiry into the influence of age and service as affecting the mortality and invaliding of Europeans, by Dr. Bryden; and an essay on the Hæmatozoon, by Dr. Lewis, which has already been noticed in our columns. In an early number we shall give an abstract of the cholera inquiry by Drs. D. D. Cunningham and Lewis, and we now proceed to notice Dr. J. M. Cuningham's report.

This is, as usual, occupied with the sanitary condition and diseases of the Europeans, the native troops, the prisoners in the gaols, and the general population. On all these points much interesting information is given; but we must confine our remarks to the health of the Europeans.

In 1871 the death-rate among Europeans was only 17·83 per 1000 of strength, the lowest ever recorded. This was chiefly owing to the comparative absence of cholera, for the deaths from this disease only amounted to ·71 per 1000. The non-prevalence of cholera was noticed likewise in the Madras and Bombay European armies, and also among the whole population of India. The year 1870 had been even more exempt from the disease. It is more easy to ask the cause of this than to give an answer. It may be noted, however, that in 1871 the rainfall was the heaviest ever registered in Calcutta, and it was unusually large over the whole of Bengal proper and Northern India. This rainfall swelled the rivers, fed the wells, and cleansed the surface. Whether any more occult effect was produced on the soil, and on the changes in it, must be left for future answer; the inquiries as to changing level in the soil-water in influencing cholera having led at present to no result, of either affirmation or the reverse. In Calcutta the comparative freedom from cholera which prevailed in 1870 continued in 1871. In 1870 only 1563 deaths occurred among the natives in Calcutta, and this is less than half the number which occurred in the most healthy year in the previous quarter of a century. In 1871 the number fell to 800, or only one-half of that of 1871. This is attributed to general sanitary improvements, to the use of the Pultah water (which is now used by all classes without distinction of caste), and to the cleansing effects of the rainfall.

Cholera being thus at its minimum in 1871, the diseases which killed the European soldiers were returned as follows:—Hepatitis, 2·73; remittent and continued fever, 2·25; enteric fever, 1·71; heart diseases, 1·65; phthisis, 1·65; respiratory diseases, 1·37; dysentery, 1·17; apoplexy, ·8—per 1000 of strength. These numbers account for 13·33 out of the total mortality of 17·83; and if we add 1·74 for violent deaths, we have only 2·76 deaths per 1000 for all the minor causes.

On reading these numbers it will be seen how completely the more accurate diagnosis of the medical officers and the statistical inquiries of Bryden and Cuningham are changing the face of Indian nosology. Instead of the stereotyped Indian diseases, terms familiar to European statistics appear: enteric fever, heart diseases, phthisis, and other respiratory diseases account for large items.

Of these headings the most immediately interesting is that of enteric fever, which is now for the first time distinctly separated in these returns from other fevers. Dr. Bryden adduces the evidence of post-mortem examinations to show that this disease really exists, that it causes in many stations a large mortality, and that it is especially the disease from which the younger European soldiers die. This fact, long anticipated in this country, has most important bearings. In Europe we regard typhoid fever as a disease entirely preventable, and we cannot see that its causes can be different in India. But on this point we find ourselves at variance with Dr. Cuningham and Dr. Bryden, who seem to us to have drawn from statistics a conclusion that no statistics can warrant. They appear to believe that some general and climatic influence is at work in India which tends to develop typhoid fever, and Dr. Cuningham even affirms that Dr. Bryden's "investigations are altogether opposed to the generally accepted doctrine that this disease is necessarily or even commonly derived from the discharges of a previous case." But this is just one of those inquiries which Dr. Bryden's method can least successfully attack. The clinical and sanitary observer, tracing up case after case, and local outbreak after local outbreak, is the only man who can solve this question, and not the statistician, who merely deals with the figures given him. In Europe the investigations on the origin of typhoid fever are so numerous and so accordant as to make it certain that the typhoid discharges are the great, and probably the only, cause of its spread, and it is in our view very unfortunate that, in the face of such European evidence, Dr. Cuningham did not exercise greater caution before promulgating an opinion which should never have been brought forward without much stronger evidence. In such a case reserve would have been politic, and careful tracking of local outbreaks indispensable. This is a grave fault in a report which is otherwise of high merit, and we do not like to pass it by, as it seems to us to indicate what we cannot but think a retrograde spirit of investigation in India—namely, a disposition to seek in occult, climatic, or meteorological, rather than in social and personal conditions, for the modes of spread of both enteric fever and cholera.

During the year the investigations on the rise and fall of subsoil water have been continued so as to prove or disprove Pettenkofer's hypothesis. The results at present are not decisive. Dr. D. D. Cunningham contributes a memorandum on this point, but properly points out that it is absolutely necessary to continue the measurements for a long time before attempting to draw a conclusion.

We have already noticed that Dr. Bryden contributes a paper on the Effect of Age and Service as influencing Mortality and Invaliding in the European Army. This is a continuation of his former paper, and the two constitute probably the most practical and interesting contribution

* Eighth Annual Report of the Sanitary Commissioner with the Government of India, 1871. Calcutta, 1872.

ever made to the vital statistics of India. The following extract shows the value of the inquiry at once:—

Death-rate per 1000 (*excluding Cholera*).

	First year's service in India.	Second year's.	Third year's.
Total mortality	32·58	21·28	16·57
Heat fever	8·39	4·85	3·20
Heat apoplexy	8·18	2·01	·7
Dysentery	3·77	1·94	1·60

The decrease, as residence in India is prolonged, of these three diseases is very striking, although we could have wished a good definition of heat fever as distinguished from heat apoplexy. In a certain sense, then, there is acclimatisation in India. Taking age instead of service, the young men die of phthisis and typhoid fever; and the old from hepatitis, heart disease, and heat apoplexy.

A striking fact brought out by Dr. Bryden is the immense amount of invaliding among men coming to India for the first time. The numbers are so great that it should be a subject of immediate inquiry on the part of the War-office authorities. Out of a total of 2357 invalided in 1871, no less than 1202, or 51 per cent., had been only from one to three years in India. Bryden gives in detail the causes of invaliding; but for these we have no space. We can only say that the causes seem to be not merely climatic, for a great number are sent home with heart disease and phthisis. That there is something very different in our system of relief and invaliding from that which formerly prevailed, seems clear.

We must now close our notice of Dr. Cuningham's report; but we cannot do so without stating our conviction that he is carrying on one of the most important works ever undertaken in India; and that the labour he bestows on his sanitary inquiries will be abundantly repaid by a more extended knowledge of the causes of diseases, which must lead to a large diminution of suffering to the soldier and an increase of efficiency to the State.

THE MEDICAL SERVICE OF THE PRUSSIAN ARMY.

DURING the Franco-German war in 1870–71 the numbers of medical officers with the active army of Germany were the following—namely, 905 of the active army and marine, 289 of the Landwehr, and 960 of the reserve; total, 2154 medical officers. These were distributed among the twelve corps comprised in the army of operations. The general plan of mobilisation, however, comprised 3292, including those attached to sanitary establishments in the interior. Under ordinary conditions of peace, the department in activity comprises: 1 surgeon-major-general, 15 inspectors-general, 182 principal surgeons, 302 surgeons-major, and 284 assistant-surgeons. The organisation of the department, however, is such that on the occurrence of war the numbers admit of being augmented to the extent required by the emergency.

In conformity with the recommendation of a committee which assembled subsequent to the war in Bohemia in 1866, the medical department forms one of the branches of administration directly in communication with the Minister for War. Each army corps has a principal medical officer, who directs its medical affairs, and to whom all that concerns the sanitary service is subordinate; he in his turn being responsible to the Director-General.

It is the duty of inspecting medical officers to keep a correct list during peace of all medical men who are liable to be called upon to serve during war, as well as the capabilities of each in regard to surgery and medicine; all those within particular military districts being liable to serve actively or in the reserve of their particular corps d'armée when the army is mobilised; moreover, whenever a war is imminent, an appeal is made to civil practitioners as well as to military to give their services, and it may be observed that under such circumstances the proportion of medical officers to soldiers would be 1 to 190, or, including the Landwehr, 1 to 290. As a rule, slight cases of illness are treated in the regimental *infirmeria*; severe cases are sent to general hospitals, where, contrary to the wording of regulations, men are, from mere convenience, sometimes treated by their own surgeons, who attend for that purpose, although the system is not without some difficulty on account of the grouping of the patients, that being effected without reference to regiments, but rather to the nature of their several cases. Still regimental surgeons do not invariably attend their own men. On the nomination of the superior medical officer a roster is kept, according to which a change takes place every three months in those appointed to treat patients in hospital. During war there is a complete distinction between the two classes, the regimental and hospital medical officers; the former adhering to, and taking all the risks run by, other members of their regiments. In peace time, however, all army surgeons are attached to regiments. On active service there are in the various regiments of infantry two medical officers for battalion—namely, a surgeon and assistant-surgeon; cavalry have each one surgeon and two assistant-surgeons; and each regiment of field artillery twenty medical officers, of whom four are surgeons and sixteen assistant-surgeons. The battalion of pioneers becomes divided into sections for the telegraph and railways, for pontoons and mines. An assistant-surgeon is attached to each of these, and the medical staff of the battalions of the train is similarly increased. The duties of the train, it may be observed, comprise the transport of material for the effectives and of the wounded after battles. In hospitals the subordinate duties are performed by *infirmiers* of the army, with the exception of those of a menial nature; these are performed by civilian hired servants, who after six months may be proposed for the position of *infirmier*.

An ordonnance of the Cabinet of Berlin, dated 24th October, 1872, introduces an important change into the duties of army medical officers in reference to hospitals. Prior to that date, although full power and responsibility was accorded to them in regard to all that concerned the *personnel* and *matériel* of lazarettes in actual war, nevertheless, by a strange anomaly, no sooner was peace restored than their functions within hospitals fell back to such as concerned mere professional care of the sick, the hygienic arrangements, and the food; the administration of the establishment being conducted by a commandant, assisted by a commission composed of an officer of administration (inspector) and the senior medical officer, yet the military officer being supreme in all except purely technical details.

In accordance with the order above quoted, all this is changed. The commissions of lazareths are suppressed; the senior medical officer exacts direct and sole power over *personnel* and *matériel* of all hospitals, whether general or regimental, within his district. With him rest the administration of discipline, the maintenance of order, and initiating measures required in cases of emergency. The medical officers for such charges are named by the officer commanding *corps d'armée* on the nomination of the principal medical officer, and the director-general is subsequently apprised of the arrangement. In hospitals containing 100 beds or under, the surgeon in charge takes his share of duty in the wards; in those of larger dimensions he does not do so, but is not exempted from his ordinary duties in the corps to which he is attached. It is, moreover, added, that it is desirable to change as seldom as possible the surgeon in charge; but a paragraph of the decree contains the provision, that while the medical officer actually attending patients owes immediate obedience to his chief in all that concerns the general service and administration of the hospital, he is, at the bedside of the patient, absolutely independent.

In large establishments the medical director has under his orders a commission charged with the financial affairs and superintendence of the building itself, as also of every person and thing within it, each member being responsible for a special department, such as may be apportioned to them by the senior medical officer in communication with the *intendance*. All contracts and money arrangements are made by this commission, subject to the approval of the senior medical officer, and all accounts, in order to be valid, require his counter-signature; and once a month he will make an inspection of the building, furniture, treasure-chest, and all other matters connected with the establishment.

THE MOVEMENTS OF RELAPSING FEVER IN THE METROPOLIS.

The following further information has been kindly forwarded to us by Dr. M'Kellar, of the Stockwell Fever Hospital, and will serve to put the profession and the medical authorities of hospitals on their guard:—

"As you are aware, eight cases, all of one family, were admitted during the first four days of December from Spiller's-court, Webber's-row, Waterloo-road (or Blackfriars-road). The last of them was discharged recovered on the 6th inst. The disease was not communicated to any one here, and no more cases appeared until the 17th inst., when a married couple were admitted from 134, Broadwall, New Cut—well-marked cases. The man was in the sixth day of the fever, and had a characteristic crisis on the forenoon of the following day—viz., the seventh day of the fever; he is therefore now in the non-febrile interval, and will doubtless relapse in the end of this week.

"The woman, likewise, had a characteristic crisis in the afternoon of the day following admission, but as she is not very intelligent, and has a long vague history of illness extending back some time, I am not prepared at present to say whether the febrile condition she presented was the primary accession or the relapse. She was delivered of a dead child in November last, at the same address. Her mother, who was attending to her at that time, fell suddenly ill, after being in the house a fortnight, and forthwith returned to her own house at No. 8 or 9, Brown's-buildings, Stanhope-street, Clare Market, on the north side of the Strand. Here she passed through a severe illness, and recovered. Her husband's brother, a hawker, who visited her, soon fell ill with the same, was taken to King's College Hospital, and died 'very quickly.' (You may refer to the Registrar-General's return for the week ending January 11, where he records the death of "a labourer, aged forty-seven years, in King's College Hospital, on the 3rd, from 'fever, relapsing (?); cerebral hæmorrhage.'") Next, this same woman's son and husband fell ill, the former recovering in King's College Hospital. Then another man and his wife fell ill, were removed to a hospital, where the man died.

"On the 20th inst. a young man was admitted here from the same address, at Brown's-buildings, Stanhope-street, with well-marked relapsing fever, making the seventh case supposed to have arisen there in consequence of the importation from Broadwall, New Cut. According to the history, he was in the sixth day of the fever, and his relapse is therefore due about this time.

"The couple admitted here from Broadwall tell me that the daughter of their landlady is or was lately ill in the same way as themselves, but was treated at home. On the 14th inst.—that is, four days before admission here, and five days before her crisis—the woman went from her house in Broadwall with her child to King's College Hospital outpatient department apparently, and got some medicine for herself and child. She made the journey with much difficulty, partly walking with the assistance of a neighbour, and riding both ways in the penny omnibus between Waterloo Station and the Strand. The child has small patches of psoriasis on its back, and a scaly eruption about the anus. It has not been febrile while here.

"I have thus furnished details of eleven cases of relapsing fever admitted into this hospital, or twelve, if the child should prove to have it. I have also intimated that there probably have been seven other cases associated with those who came here. I have not been able to ascertain that there has been any communication between the family admitted here in the beginning of December from Spiller's-court, and the couple admitted last week from Broadwall, New Cut. It appears as if the Spiller's-court cases, which were published in THE LANCET of the 21st ult., were the first to attract general attention. The facts were first made known on the 14th ult., when my periodical (i.e., fortnightly or monthly) report was presented to the Metropolitan Asylums Board meeting at Spring-gardens on that day. Afterwards, however, as mentioned in THE LANCET of the 4th inst., it was found that there had been already one case in Guy's—viz., one of the family which presumably gave rise to the Spiller's-court cases.

Foreign Gleanings.

GANGLIONIC ABSCESS OF THE NECK; ULCERATION OF THE JUGULAR VEIN; CONSECUTIVE HÆMORRHAGE; DEATH.

THIS case occurred in the wards of M. Périer, at the Hôpital Ste. Eugénie. The patient was a child of three years. The abscess had developed rapidly, and was about bursting. An incision was performed with the greatest care and precaution, and only through the skin. A quantity of pus came out, followed by a large amount of venous blood. Compression on the wound stopped the hæmorrhage, but it recurred the three following days, and on the fourth day was accompanied by a fit of suffocation. Finally, the child died the fifth day after the incision. At the post-mortem the following lesions were discovered:—Metastatic abscesses in the lungs; endocarditis with ulcerations; vast cavity in the neck, extending to the submaxillary gland; jugular vein uncovered over a length of three centimetres; carotid unimpaired. An injection with water made into the jugular vein showed that ulceration of the vessel had previously existed.

ALTERATIONS OF STRIPED MUSCLES IN TRAUMATIC INFLAMMATION.

From a series of experiments, the results of which have been published in the *Archiv f. Klin. Chirurg.* (Bd. xiii.), the author, Dr. Gussembauer, draws the following statements in respect of the process of cicatrisation in muscles after subcutaneous section:—Waxy degeneration is first observed, and at the same time granular transformation of some of the fibres; after twenty-four hours proliferation of muscular nuclei and abundant infiltration of the white globules of the blood supervene. The process of regeneration is effected by the transformation of embryonic cells into fusiform fibres, in which latter stripes are perceptible from the very beginning. The cells of the perimysium and white globules take no part in the process, but they form a fibrillar cicatricial tissue which unites the edges of the muscular wound, and becomes extensible and flexible.

PATHOGENY OF SPONTANEOUS CEREBRAL HÆMORRHAGE.

Under the above heading Dr. Zenker has published in the *Allg. Wiener Med. Zeitung* (No. 45) an excellent paper, containing the account of a communication which had previously been made to the meeting of German naturalists and physicians at Leipsic. The author has stated the existence of minute aneurisms in all the cases of spontaneous cerebral hæmorrhage which he has examined. The aneurisms were seated not only in the situation of the hæmorrhage, but in various other parts of the brain. The form was very much like that of ordinary aneurisms. The size varied considerably. Sometimes the aneurisms were scarcely perceptible, in other cases they attained the size of a pin's head. In such cases degeneration always proceeded from within outwards; sometimes, through a retrogressive process, there only remained a small pigmented tubercle, at other times the external membrane gave way, and thus hæmorrhage was produced. Contrary to the statements of Drs. Charcot and Bouchard, Dr. Zenker thinks that the production of these minute aneurisms is due to sclerosis of the internal membrane of the small cerebral arteries.

INTERNAL CONFORMATION OF THE UMBILICAL ARTERY AND VEIN.

In carrying out his experiments on the above, M. Berger mostly employed silvered gelatine, which produces artificial œdema. The author states that the mucous tissue of the funis is formed by a network of connective fibres covered over with flat cells, and which differs from loose connective tissue only through the presence of mucin, which distends its meshes.

MR. JOHN FREELAND, of Nice, has given the munificent sum of £5000 to the Western Infirmary, Glasgow. The Bristol Hospital has received £1000 under the will of Miss Ann S. R. Nash. The Essex Hall Asylum for Idiots, Colchester, has received £100 under the will of Miss Emily Morse, of Norwich.

THE LANCET.

LONDON: SATURDAY, JANUARY 25, 1873.

SIR WILLIAM GULL has taken exception to the comments of THE LANCET upon his manifesto concerning the disease of the late Emperor NAPOLEON, and has done so in a manner with which it is extremely difficult to deal. In the first place he addressed a letter to *The Times*, in which journal our observations had been quoted, and said that the writer had been "imperfectly informed of the circumstances." Next, he wrote to the Editor of THE LANCET a letter marked "private," containing certain statements in reference to the case. He was then informed that the word "private" prevented his letter from being used in any way, and it was suggested that he should embody the statements contained in his note in some form that could be published in the columns of this journal. The reply to this was another letter containing the following passage:—

"The facts I communicated in my letter I marked 'private,' not that they may not be considered as known to you, but because I do not think it proper that I should personally justify myself before the profession."

We infer from this that we are at liberty to use the first letter, and to take from it the substance of any statement that may seem relevant to the matter in hand.

Sir WILLIAM informs us that he would have remained at Camden-place to consult with the other medical attendants of the Emperor after the autopsy if he had known that any such consultation would take place. He believed that when the different cavities and viscera were fully examined all that was important was over, and he left as a matter of course, not dreaming of what was to follow. He reminds us that it is not the practice to hold these consultations, nor to publish statements of opinions on these occasions.

As Sir WILLIAM himself makes this assertion, we are bound to accept it unreservedly. But we may say at once that we could not have done so upon any less weighty testimony. With regard to the practice on "these occasions," we must remind Sir WILLIAM GULL that the death of the EMPEROR was an occasion *per se*, and that, when all Europe was eager to hear the results of the post-mortem examination, it would have been simply impossible for those who witnessed it to separate without some definite agreement as to the terms in which even the preliminary record should be couched. We are curious to know how Sir WILLIAM left the room. Did he do so without bidding farewell to his coadjutors, and without informing them of his intention to depart? Surely those who shortly afterwards sent a special messenger to London to obtain his signature would, if they had been aware of this intention, have striven to detain him for a time.

Sir WILLIAM next contests a statement which he attributes to us, that the opinion which he expressed was only "a slight verbal change." If he had done us the honour to read our observations carefully, he would have seen our contention to be that a slight verbal change would have embraced his opinion, as well as that of the other signataries, and would have rendered his separate report superfluous. It is manifest that the insertion of the single word "probably," before the words "produced by the irritation of the vesical calculus," would have been sufficient for the purpose; for Sir WILLIAM GULL would hardly have thought it necessary to deny the "probability" of a belief entertained by all present at the post-mortem, save himself. It seems, however, that we must not complain; for Sir WILLIAM admits by implication that he read the document forwarded for his signature "in haste," and that for some time he supposed it to stand for the (final) post-mortem record. He must have thought it a singularly slight and trivial one!

Sir WILLIAM GULL appeals to our candour to "modify or confirm" our former criticisms, and we are bound to obey his call; but for which we should have kept silence upon a painful subject. We see nothing to modify and much to confirm the opinions we have already expressed. We see a physician holding almost the highest station open to his calling, and, as a censor of his College, doubly bound to be circumspect in all his ways, who yet hastily and unnecessarily places before the public a speculative difference about an insoluble problem! If his convictions did not allow him to sign the memorandum presented to him, his absence from the consultation would have afforded a valid reason for leaving it unsigned; and to this course no possible objection could have been raised. The error, as we have said, was an error of taste, manifestly arising from a defective sense of relative proportion. Sir WILLIAM, when he wrote his separate memorandum, in thinking of what was "due to himself," may have been for the moment oblivious of what was due to others; and he certainly failed to realise the true status of even a successful physician when he stands by the bedside of a deceased Emperor!

THE year that has just closed will long be remembered in professional circles as one that was fruitful of unseemly contentions among men who were, above all others, bound to set an example of reciprocal courtesy and forbearance. Hospital colleagues have been in bitter strife, and their differences have been seriously injurious to the institutions that it was their first duty to support and defend. The spectacle thus presented has been regarded, in too many quarters, as an evidence of the existence of a low standard of duty in regard to professional relations. The latter view is unfortunately supported by the innumerable complaints that have reached us from private practitioners who have, or who think they have, suffered wrong at the hands of others in their vicinity, and who have appealed to us for aid that only the existence of a high standard of duty could enable us to give effectually. Our armoury contains no weapons that are available against the pachydermatous evildoers who think only of their immediate and most sordid interests, and who consider a patient well gained at the cost of conduct that may unfairly prejudice the reputation of a neighbour. We would appeal very earnestly to our readers, and especially to those who by reason of any advantages are able to exercise

influence over others, and would implore them to exert all their powers for the mitigation of a great and growing evil. All quarrels and disputes and offensively expressed differences of opinion between medical men are evidences of their want of respect for each other and for their common vocation; and a profession that is not self-respecting cannot hope to be respected by those who are beyond its pale. We were once acquainted with a provincial town in which the doctors lived and worked in uninterrupted harmony and friendship, forming among themselves a club, which held weekly meetings at their respective houses for whist or some other recreation, and which afforded opportunity for the discussion and settlement of every point of friction that might arise between the members. Any little conflict of interest, any question as to who should retain a patient to whom two had been called, any change of medical attendant by a neighbouring resident, or any imputation of error or unskilfulness, would be talked over, with at least an implied understanding that, if a difference of opinion remained when the talk was ended, the action to be taken should, as a rule, be determined by the voice of the majority. There was here no opportunity for a malicious or inaccurate patient to make mischief between medical men who were constantly meeting on terms of equality and friendship; and we have never known any other place in which the profession, as a whole, was held in such high esteem by the inhabitants, or in which its members could do their work so easily and with such comfort. Consultations were frequent, because every man liked to talk over a difficult case with a friendly neighbour, and no one feared that the opportunity given by a consultation would be abused. A harmony founded upon frequent intercourse, mutual respect, and personal friendship could only exist, of course, in a small place, where the practitioners were comparatively few; but an approach to the same kind of thing, and especially a tribunal for friendly arbitration in cases of difference, would be possible almost everywhere. It unfortunately happens that the medical societies of the larger provincial towns, some of which profess to entertain questions of ethics, are often greatly swayed by men who are conservative with the conservatism of success, and who would gladly frown down, among their juniors, any evidences of an energy kindred to that by which their own success has been obtained. The societies, moreover, are apt to be at once too ambitious and too formal; and to attempt, by means of motions, speeches, and resolutions, work that would be better accomplished by the medium of friendly gossip. On the whole, therefore, we are disposed to commend the domestic Whist Club as the best healer of professional differences; with the suggestion that whist might be exchanged for bowls or quoits during the summer, and that any possible difficulty between any two members should always be brought upon the *tapis* as soon as they were both present. Quarrels arise, in most cases, from the downright lying of intermediate persons; and this source of mischief would at once be set aside by explanations face to face. In a town where there were twenty doctors, it is probable that at least half of them would at once join such a Conciliation Club as that which we propose; and the business of these members should be to bring in by degrees all those who at first held aloof. A man who was suspected of unprofessional conduct, especially if a poor and struggling man, should be regarded in the light of a possible convert to be won, not as a reprobate to be shunned. Half the improprieties committed in the strife for patients are due to the fact that those who commit them have no confidence or assurance that rivals would not do the same, or to the isolation in which medical men live, so that they lose nothing socially by offending against each other. Is it too much to hope that the new year, before its close, may witness the growth of a more wholesome opinion upon these questions, and of a knowledge that no one can injure a professional brother without still more deeply injuring himself?

WE penned our observations on Mr. STANSFELD'S sanitary policy and his assistant-inspectors last week under the impression that the contradictory proceedings of the general inspectors of the Local Government Board had reached the climax. We must now confess to have been altogether in error in this respect; and now we have to make acquaintance with one of these gentlemen in the character of a medical inspector! Here is the story.

The rural district around Macclesfield has been suffering for several weeks, and is suffering now, from a severe epidemic of scarlet fever. On the 31st of December a special meeting of the rural sanitary authority was held to consider the measures to be taken for the check of the disorder. Mr. CORBETT, the general inspector of the Local Government Board for the north-west counties, was present. The organisation of the sanitary authorities in the vicinity of Macclesfield has not yet been completed. The rural sanitary authority of the Macclesfield union has neither medical officer of health nor inspector of nuisances; and it was clearly desirable that, in respect to these officers, the authority should have the advice of Mr. CORBETT in the contingency. But Mr. CORBETT appears at once, at the opening of the meeting, according to a detailed report of the *Macclesfield Courier*, to have constituted himself the medical adviser of the sanitary authority. This is the more remarkable, because the first business done at the meeting was to read a letter from the Medical Officer of the Local Government Board, containing instructions for the guidance of the sanitary authority in dealing with the epidemic. But both letter and instructions vanish thenceforwards; and Mr. CORBETT commits himself to advice which certainly would not have a place in Mr. SIMON'S instructions. Mr. CORBETT urged the necessity for isolation, disinfection, and the closing of schools; and here all was on straightforward, tolerably well-beaten ground. But he next proceeded to recommend the formation of a sanatorium for the reception of uninfected members of families in which the disease had appeared, during processes of cleansing and disinfection to be carried on in their homes—a measure which, however good in outbreaks of cholera, would be quite inadmissible in respect to scarlet fever. Further, it would seem that Mr. CORBETT had not made any personal inspection of infected localities, but guided his advice by a report of a relieving officer on the state of the epidemic. Ill-judged recommendations in this report, although of grave import, seem to have passed without comment from Mr. CORBETT. Still further,

Mr. CORBETT urged upon the sanitary authority the immediate appointment of an inspector of nuisances, to carry out necessary inspections and disinfections; apparently implying that a non-medical inspector of nuisances was all-sufficient in dealing with the sanitary aspects of an epidemic. More, Mr. CORBETT, to help him in advising the rural sanitary authority to this end, had brought with him to the meeting the inspector of nuisances of Leek! The general inspector of the Local Government Board had sought assistance in advising a rural sanitary authority from a local inspector of nuisances; and we have the extraordinary scene of the central inspector and local inspector, both non-medical men, advising conjointly the authority how it should deal with epidemic scarlet fever! The latter gentleman airily talked of stamping out scarlet fever, and of "removing the pauper by night or day a distance of twenty miles without risk even in a case of reeking fever." And, apparently, these reckless statements were listened to without reproof by Mr. CORBETT.

But the introduction of the Leek inspector had offended local dignity; and when Mr. CORBETT urged repeatedly that the Macclesfield rural authority should take advantage of an offer of the Leek inspector to become its inspector of nuisances for the nonce, the rural sanitary authority having made up its mind to appoint (rightly or wrongly) a relieving officer to the post, the meeting degenerated into somethink like a squabble between the general inspector and the rural sanitary authority. The authority persisted in appointing the relieving officer; Mr. CORBETT, pointing out that the Local Government Board would not assent to such appointment, persisted in thrusting the Leek inspector upon them, and, the authority rejecting this mercy, Mr. CORBETT limited his further advice to *an* inspector of nuisances who should not be a relieving officer. Mr. CORBETT, from beginning to end of the meeting, does not seem to have uttered a word as to the course which should obviously have been pursued—namely, the temporary appointment by the rural sanitary authority of a medical officer who should have acted as chief inspector of nuisances, the relieving officer being made his assistant-inspector.

Mr. CORBETT was unable to allay the storm he had evoked, and the meeting broke up, after passing an indecent and insulting resolution to be forwarded to the President of the Local Government Board.

Dr. THORNE THORNE, one of the medical inspectors of the Local Government Board, now appears upon the scene, and the first reflection provoked by this gentleman having been sent into the Macclesfield turmoil was that it was unjust to subject one of the junior inspectors of the Medical Department to an almost certainty of failure. But Mr. SIMON knows the stuff of which his inspectors are made. Happily for the public, they are not "negotiators," but simply individuals who seek to influence others by a thorough knowledge of the subjects in relation with which their duty lies. Dr. THORNE THORNE went to work by mastering completely the facts of the epidemic in the Macclesfield rural sanitary district, the conditions under which the epidemic had showed itself, the state of the infected families, and the immediate practical possibilities of dealing with it. In mastering these things he at the same time mastered also the rural sanitary authority (obviously erring more from ignorance than from factiousness), and on the 14th inst. he induced it to withdraw its offensive resolution of the 31st ult., and to pass resolutions carrying into effect all that was necessary for immediately dealing with the epidemic.

This result was perfectly natural. Even guardians are influenced by knowledge; and Dr. THORNE THORNE'S appearance at Macclesfield, after the fashion of the good-fairy in the pantomime, setting confusion in order, and effulgent in sanitary knowledge and practice, surely foreshadows the future position and work of the Medical Department of the Local Government Board.

IT cannot be denied that the professional mind has been much exercised during the last three weeks on the subject of the treatment of stone in the bladder. Whilst universal regret is felt at the unfortunate result of the Emperor NAPOLEON'S case, and much sympathy expressed for the eminent lithotritist concerned, opinions have differed as to the propriety of the course pursued and the treatment adopted. It will be well, therefore, to discuss dispassionately and calmly the purely scientific aspects of the questions involved.

So far as the performance of the operation of lithotrity goes, no one can entertain the slightest doubt that the operator brought to bear upon the case the greatest skill and the largest experience available in this or any other country. Sir HENRY THOMPSON may very well ignore the not very friendly criticism of *Le Figaro* as to the short intervals between the sittings, since the surgeon in charge of a case must be a better judge of its necessities than a distant critic; and since, moreover, it is a well-ascertained fact that the pulverisation of the necessarily large fragments resulting from a first sitting of lithotrity often gives the greatest relief to distressing bladder symptoms.

It must be allowed by all who give a candid consideration to the case, that the amount of disease revealed by the post-mortem examination of the Emperor must in all probability have resulted in death after any operative proceeding. On this subject Sir H. THOMPSON is himself sufficiently explicit; for he says, speaking of advanced organic disease of the bladder or kidney, "Could the existence of these conditions be accurately diagnosed beforehand, it might become a question whether the crushing operation, or any operation at all, should be performed. For there is little doubt that the existence of such organic changes is almost as surely a source of fatal issue in lithotomy as lithotrity." On the other hand, in the opinion of some surgeons, lithotomy offers a better prospect of success when organic disease is unfortunately present. Thus the veteran author of the article "Lithotrity," in the recently published edition of COOPER'S Surgical Dictionary, says: "Lithotomy holds out greater chance of relief in these unpromising cases"; and another well-known writer adds: "Organic disease of the kidneys is a more serious obstacle to lithotrity than to lithotomy, on account of the prolonged nature of the operation."

The most complete and satisfactory statistics of lithotrity are those by Sir H. THOMPSON, who has published the details of 204 consecutive cases operated upon by himself, the mean age of the whole number being sixty-one years.

Among these 204 cases there were but 13 deaths, the recoveries being therefore at the rate of 93½ per cent. Sir WM. FERGUSSON also, in his lectures some years back at the College of Surgeons, gave his cases of lithotrity as 109, with only 12 deaths; and we have the advantage of contrasting this with the same eminent surgeon's lithotomy experience, his cases of lithotomy in the adult being then 110, with 33 fatalities. The possibility of having recourse to lithotomy after commencing lithotrity cannot be entirely ignored by the surgeon, though such a proceeding must necessarily be exceptional. CIVIALE had the reputation of cutting all cases of lithotrity which were doing badly, but yet had 19 recoveries out of 28 cases; and other surgeons have been equally successful. The subject is discussed at considerable length in the article in COOPER'S Dictionary by Mr. WM. COULSON, to which we have already referred, and from which we take the following:—"Lithotomy after lithotrity, though a last resource, is far from being a hopeless undertaking. The rule for the guidance of the surgeon is that, whenever lithotrity has given rise to unfavourable symptoms, which continue in spite of all treatment and lead to serious apprehension, the general health being pretty good, lithotomy should be employed without delay."

The nature of the calculus is, of course, an important element in the selection of the treatment of any case of stone in the bladder. On the one hand, a lithic-acid calculus may be very dense, and its fragments necessarily very angular and difficult to crush; but, on the other, a phosphatic stone, though softer, may be, and commonly is, accompanied by a condition of persistent chronic cystitis leading to fresh phosphatic formations. Under these circumstances, as is well remarked by Mr. CHARLES HAWKINS in HOLMES'S "System of Surgery," "these formations will constantly recur, and, in some instances, give rise to the opinion that the surgeon has failed in the previous operation to remove the whole of the formations."

It is obvious, then, that other conditions than those of the calculus must influence the surgeon in selecting his operation. The size of the stone is a most important element, but not the only one, for the condition of the urinary organs must be taken into consideration in all cases if a successful result is to be attained. The danger, of course, lies in lighting up acute mischief in organs already chronically diseased, and this is a danger common to all operations for stone, and even to the everyday proceeding of passing a catheter. Sir H. THOMPSON has, in his work on "Lithotomy and Lithotrity," stated this most forcibly as follows:—"But little reflection may suffice to convince us, that in all cases it is unwise to cut into, and still more so to crush in, the cavity of a bladder which is the subject of unchecked chronic inflammation, as almost all bladders containing calculus are, in a greater or less degree. In such a condition a very little interference will often set up acute cystitis, and from this source morbid action may invade the kidneys and prove rapidly fatal." And yet what is to be done when a patient is worn down by long-endured suffering, and life in such misery is hardly worth possession? The surgeon can but take one of two methods to relieve the bladder of its foreign occupant, and if his judgment err in the selection, it must be remembered that he has had to solve one of the nicest and most difficult problems which are ever submitted to the judgment of a professional man.

IN the course of last year we directed attention to the curious fact of a steady decline in the number of registrations under the Medical Act. Taking a period of four years from and including 1861, we found that the average annual number of registrations was 961; whereas in the second period of four years ending with and including 1871 the average annual number of registrations was only 777, or 184 per year less. Dividing the period from 1860 to 1871, inclusive, into four sub-periods of three years each, the registrations for the respective sub-periods were 2812, 2656, 2347, and 2285; giving an annual average registration in the first three years of 937, in the second of 885, in the third of 782, and in the fourth of 761. In the year 1871 the registrations were 727.

We revert to the subject in connexion with the registration of 1872, the particulars of which we have been favoured with. Curiously enough, there is a great increase in the number of registrations in the year 1872, as compared with the preceding year. In 1871 they were 727; in 1872 they were 1006, or 279 more. The details for the three divisions of the kingdom, in the two years, are as follows:—

	In 1871.		In 1872.		Increase.
In England ...	439	...	651	...	212
„ Scotland ...	125	...	146	...	21
„ Ireland ...	163	...	209	...	46

The principal increase, it will be seen, was in England. It is probable that the increase is due partly to the prominence given by us to the fact that so many members of the profession were not registered, and therefore legally incapable of many medical functions; and partly to the fact that the epidemic of small-pox brought home to many men the inconvenience of not being registered, and therefore not able to legally sign certificates.

The increase in the number of registrations has the effect of largely increasing the wealth of the General Medical Council. The Council may be said to be in a thriving condition. If it cannot be said that it has little to do, at any rate it does little, and receives much for doing it. Last year the income of the Council was £5834 4*s*.; whereas in 1871 the income was only £4421 19*s*. 6*d*. The increase in 1872 was thus £1412 4*s*. 6*d*. There is one source of income to the Council in respect of which 1871 compares favourably with 1872. We refer to the sale of Registers. The difference in the two years is marvellous. Thus in 1871 the sale of Registers realised an income of £264 10*s*. 6*d*.; in 1872, of £12 10*s*.! We cannot divine how there should be so great a difference in the number of Registers sold in the two years, nor how the sale of so important a document in last year should only yield £12 10*s*. It is greatly to be regretted that the Register is not published in a cheaper form, so as to be more accessible to the public, who by more frequent reference to it might be better informed than it seems to be of the difference between unqualified and qualified medical men. As it is, the Register is almost an unseen book. In some of the colonies the Medical Acts require the Register to be

published in the newspapers. This would be impracticable in our case; but there is the more reason why the Register should be published in a cheap form, and the circulation of it facilitated in every way by the Council, in furtherance of the great end of the Medical Act. The sale of Pharmacopœias would seem to be pretty constant. In 1871 it yielded £210 12s.; in 1872, £237 12s.

WHEN the provisions of the recent Act dealing with the adulteration of food, drink, and drugs first became known, we hailed the measure, notwithstanding its numerous and very obvious defects, with some satisfaction, and certainly with the expectation that if it did not accomplish all that was desired, it would yet effect much good. One favourable feature of the Act, as contrasted with the previous measure dealing with the same subjects, is, that in place of being permissive it is compulsory. Since, however, the clauses of the Act have become better known, and since some of them have already been put to the practical test of the law courts, we must confess that we no longer entertain the favourable expectations we were led at first to form.

Not only is the Adulteration Act itself at fault, but the machinery to put it in force is equally so.

The chief defects of the Act itself are—(1) that it gives no definition of adulteration; (2) that it does not define what is meant by injurious adulteration; (3) that it requires proof to be given of the knowledge of the vendor that the article sold was adulterated, in most cases an impossibility; (4) articles can only be purchased for analysis where a suspicion of adulteration exists; (5) the inspectors of nuisances charged with the duty of purchasing articles for analysis are so well known to the shopkeepers that they would not be at all likely to sell them any adulterated goods; (6) the proceedings laid down by the Act as to the purchasing of the articles, and their delivery to the analysts, are of a needlessly difficult and complicated character.

Such are some of the causes inherent in the Act itself calculated to reduce it to a nullity. Other causes operating in the same direction are the reluctance of the local authorities in many cases to put the Act in force, and of which fact we have already acquired some experience; the miserable scale on which, for the most part, the analysts are to be paid; and, lastly, the incompetence of many of those already appointed to the office. It is true that in such cases the Local Government Board can refuse its sanction to such appointments, but this power is a very invidious and dangerous one, which we expect to see exercised only in extreme instances.

Once again, then, and for the third time, our legislators must try their hands at framing a simple and yet effectual anti-Adulteration Act.

AN examination of candidates for Her Majesty's Indian Medical Service will be held on the 17th of next month at Burlington House. We understand that, in consequence of no candidates being required for the British Medical Service, there will be no competitive examination for that branch of the service.

Medical Annotations.

"Ne quid nimis."

LORD LYTTON.

THE Victorian era has lost its literary Proteus, whose mission it was to invalidate the doctrine of division of labour, and to refute the popular superstition that active authorship is the sure parent of cerebral disease. For fifty years, or thereby, Lord Lytton worked at literature, and even politics, as hard as any barrister or surgeon works at his profession, and yet his fourteenth lustrum found him more brilliantly productive than ever, the author of three or four distinct works, all of them equal to the *chefs-d'œuvre* of his prime, and all of them implying their author's full possession of his brightest faculties. In his sixty-ninth year he was the recent producer of the "Coming Race," the "Parisians," the rewritten "Rightful Heir," and "Sir Kenelm Chillingley"; while, as all the world knows, scarcely a year passed, from the time of his coming of age, without his making some contribution, often brilliant, never slovenly, to the current stock of literature. Poet, novelist, dramatist, orator, essayist, critic, and publicist, his mental fecundity was hardly inferior to that of Sir Walter Scott, whom he undoubtedly excelled in the variety and correctness of his knowledge and in scrupulous attention to style. After such a career, why impugn authorship as, *per se*, destructive to the brain, and prematurely fatal to its votary? "Ah! but think of Sir Walter, of Southey, of Moore, of Christopher North, of a host of minor lights, who all died of softened brain." Yes, but in each case it will be found that it was not work that killed these men, but worry—worry in a thousand insidious forms, all self-incurred, all perfectly avoidable. These are not the days when literature, appealing to a noble patron in the absence of a reading public, is made the *dernier ressort* of the *roturier* whose incapacity or improvidence has proved fatal to him in regular callings. It is now embraced deliberately and of set purpose by men whose culture and ability are equal to those of other professional aspirants, and who find it the means of earning an honourable livelihood in a congenial way. Thoroughness, however, in this, as in other fields, is the grand secret of success; and Lord Lytton's career is a noble exemplar in point. "He touched nothing which he did not adorn"; while the Benedictine patience with which he mastered his materials gives his works a value quite apart from their literary charm. On every occasion when he trenches on the domain of the physician's art, for instance, he shows knowledge above that of the mere amateur; in proof of which we have only to point to his letters to Harrison Ainsworth on the cold-water cure, which may be profitably read even by those who share Dr. T. K. Chambers's contempt for "that ill-assorted union of medicine and innkeeping called hydropathy." In his "Strange Story" he discusses the phenomena of spiritualism with a truly edifying caution, removed at once from blind credulity on the one hand, and uninquiring mockery on the other. The mystery of mind and body, indeed, had the intensest fascination for him; and it was in keeping at once with his generous encouragement of youthful talent and his love of scientific truth that, when president of the Associated Societies of Edinburgh, he gave a prize for the best treatise on the correlation of mental and corporeal phenomena in health and disease. As an academic orator he was, *consensu omnium* we believe, the most effective of all the distinguished men who ever held a rectorial chair. It was for him, doubtless, the most congenial of tasks to hold high the torch of learning, and to shed its lustre over an ever

wider area of young and ingenuous faces, beaming with pure aspiration and eager to start on the intellectual race-course. On such occasions he appeared in the happiest form; and none the less from the consciousness that he was himself the most striking example of what genius owes to culture, and how the mind may attain the height of vigour and versatility by fostering an intellectual sympathy with the most varied pursuits, and by studying the most rigid standard of achievement in all.

WORTHINGTON VERSUS HARGOOD AND ANOTHER.

THIS case is one of great importance and interest, and should be carefully studied by the governors and officers of all charitable institutions. The broad facts were as follows. Messrs. Worthington and Collett were candidates together in 1871 for the vacant surgeoncy to the Worthing Infirmary. The rules of the institution state that all governors (annual subscribers of a guinea) are entitled to vote at elections, ladies having the privilege of voting by proxy. It appears that the friend or agent of Mr. Worthington shortly before the election, by the payment of £40 19s., became the possessor of thirty-nine proxies; and at the election Mr. Worthington polled twelve votes and forty-seven proxies, and his opponent, Mr. Collett, twenty-two votes and thirty proxies. The Chairman of the meeting, Admiral Hargood, ruled that thirty-nine of Mr. Worthington's proxies were invalid, because the signatures had been affixed to them before the subscriptions had been paid, and therefore declared his opponent, Mr. Collett, to be duly elected. Mr. Worthington, contending that he had been duly elected, attempted to enter the building, but was ejected by order of Admiral Hargood. An action was brought by Worthington against Hargood in the Worthing County Court, and the presiding judge decided that Hargood had done right in rejecting Worthington's votes. This decision was appealed against, and the case came before the Court of Queen's Bench on the 17th instant. The Court decided that Worthington's proxies were perfectly valid, but that Hargood had power to exclude him from the Infirmary because in point of fact he had never been duly elected, although perhaps he ought to have been so. It remains to be seen what means will be adopted by the plaintiff to obtain redress.

This trial illustrates some of the many evils which may arise from the pernicious system of giving subscribers to charities the right of voting at all elections of officers—a system from which nothing but evil can possibly arise. In the first place, we hold it to be an unworthy thing to hold out the bait of petty patronage as a means of extracting guineas from the so-called "charitable." "Oh," say the governors of these institutions, "an election now and then is a capital thing, brings us notoriety and money, and enables us to do our advertising at the expense of others." This is all very true, but "good wine needs no bush," and the best and most meritorious form of notoriety is obtained by having all offices filled by the best candidates, an end which is not helped by vesting the power of election in the "charitable" subscribers of a guinea. In this way the man who can command, or who will stoop to ask for, most patronage generally gets the better of the one who has pride and merit. Petty patronage of this kind, unlike the quality of mercy, does harm to him that gives and him that takes, and those institutions which adhere to this obsolete mode of election, who put no faith in their Parliament for the time being, but demand a *plébiscite* whenever any vacancy is to be filled, and who prefer electing by machinery as cumbersome as it is incapable, to entrusting their interests to a representative committee, must be prepared to find that their schemes often miscarry, and that in the race with institutions of sounder constitution they will inevitably be left behind. Of all the tales of the faculty, the one which is told of Abernethy and the "ha'porth of figs" is to us the most attractive, and contains a moral which we would willingly see followed by all candidates for hospital appointments. If the authorities in Pall Mall and Lincoln's-inn-fields were to debar their Fellows and Members from printing or circulating any form of personal testimonials, they would be doing an act which would tend considerably to raise the status of the profession, and more than anything else to make that mode of election which we are decrying impracticable.

PHOSPHATIC DEPOSITS IN URINE.

THE death of the late Emperor Napoleon having attracted much attention to the subject of phosphatic calculus, it may not be altogether uninteresting to dwell upon a few points connected with this affection. Their consideration will not be without some practical advantage if it stimulates members of the medical profession to undertake further inquiries into the solvent treatment of urinary concretions, and practical surgeons into devising some method for giving it a wider application than it has at present.

To begin with, Dr. Prout's phosphatic diathesis is a misnomer, as Dr. Bence Jones long ago pointed out; for there is no special constitutional condition characterised by the deposition of phosphates. These salts, it is well known, exist in the urine as phosphates of alkalies and alkaline earths, and the former—of potash and soda—form two-thirds or more of the total amount, and are so soluble as not to form deposits; the remainder are composed of phosphates of lime and magnesia, which are precipitated in alkaline or feebly acid urine, the nature of the deposit varying as the alkalinity of that fluid is attributable to the presence of fixed or volatile alkali—ammonia. The amorphous phosphate of lime—deposited when the alkalinity of the urine is due to a fixed alkali, and often occurring, as Dr. Wm. Roberts pointed out, three or four hours after a meal, or where alkalies are administered medicinally,—and the crystallised form of phosphate of lime, to which Dr. Hassall called attention in 1860, need not now detain us, for we are chiefly concerned with that found in calculous diseases—the mixed, or secondary phosphates, as they are termed. This concretion is composed of the triple phosphate with that of the bone-earth phosphate. It commonly encrusts other species of calculi, some extraneous body, or some inequalities or other growths of the urinary organs. These calculi go on increasing for an indefinite period, and may attain a very large size; they are usually soft, friable, laminated, and studded with crystals of the triple phosphate on the surface; they break down under the lithotrite, and "the general irritation of the system," says Dr. W. Roberts, "and the frequent co-existence of grave anatomical lesions in the urinary passages or the kidneys, render them unfavourable subjects for operation." This author undertook a series of experiments and observations, the results of which he embodied in a paper read before the Medico-Chirurgical Society in 1865, on the solvent treatment of renal, and, under some circumstances, of vesical calculi, and he has opened out, as it appears to us, a line of investigation which deserves to be more perseveringly prosecuted. His experiments were conducted in reference to the solution of uric acid and other forms of calculi, but we are now concerned with the phosphatic. Whatever be the nucleus of a stone, if the urine becomes purulent and ammoniacal we may be sure that phosphatic deposit is taking place, and we may conjecture its depth by the intensity of the alkaline reaction, the quantity of pus discharged, and the length of time during which these sym-

ptoms have persisted. Once the alkaline reaction of the urine is established in a case of stone, it rarely afterwards gives place to an acid reaction. We would carefully guard against being considered as implying that any solvent treatment would have been applicable in the case of the late Emperor. All we desire to inculcate is, that this method of treatment merits more attention than it has received. The late Sir Benjamin Brodie successfully employed a weak solution of nitric acid in the treatment of phosphatic calculus; and Dr. W. Roberts states that his colleague, Mr. Southam, has also tried the same method, and with the best results, in a case where fresh phosphatic concretions formed in the bladder as fast as the old ones were broken up by the lithotrite.

THE HOSPITAL SUNDAY MOVEMENT.

THE full result of the third Hospital Sunday in Liverpool, as observed on the 12th inst., will probably not be known for some days to come, but competent local observers are sanguine that it will be greater than that of last year. In ten places of worship alone we notice an excess of nearly £600, some of the amounts being truly munificent, as in the case of a church and two chapels, which return sums of £570, £490, and £466 respectively. Taken in conjunction with the supplemental collections which were made on Saturday last throughout the various industrial establishments, it is anticipated that something like £10,000 will accrue to the Liverpool medical charities this year as a consequence of the adoption of the Hospital Sunday principle.

In Manchester, the Hospital Sunday Committee are vigorously preparing for their campaign next month, and are especially striving to induce the employers of labour to promote the Saturday industrial collections, which last year realised £1499.

Of the movement in London we are almost warranted in speaking as an accomplished fact, having regard to the result of the meeting last week, which brought together in the Egyptian Hall probably the most comprehensive representation of religious diversity in opinion ever witnessed on a public platform. The proceedings were throughout remarkable for the complete unanimity which prevailed, the sole expressions of dissent being directed against a reverend gentleman who evinced a disposition to go "beyond his last" into the question of comparative hospital mortality in London and in the country. With a Council composed of so many distinguished, competent, and influential persons, it seems to be out of the question that any insurmountable difficulties can be found to render the movement in London abortive now. We, at any rate, shall not predict failure with the example of Liverpool before us, where there were unfavourable conditions to be coped with and overcome as formidable in their way as any that are likely to be met with in London.

That there are differences of opinion as to the possible results of a Metropolitan Hospital Sunday from a professional point of view, is evident from Mr. Fairlie Clarke's letter, which we print elsewhere. We have every respect for those who are unable to concur with us in supporting the movement, and can assure them that our course has been taken in an honest belief that medical interests will not suffer by its success. No one who heard the speeches delivered last week by the Lord Mayor, by Canon Miller, and others, could fail to note that the necessity for a rigid inquiry into the management of the medical charities is clearly before the minds of those gentlemen; and it is significant that no part of their addresses elicited stronger marks of approbation than those which had reference to that point. One thing is clear to our minds. This movement is destined to spread and to be successful, as we believe; is it wiser for our profession to stand aloof or in opposition to it, than to endeavour to have a voice in its direction, so as to make it an instrument for reforming abuses in hospital management?

THE UNION OF DIVIDED TENDONS.

DR. PAUL GIETERBOCK, of Berlin, contributes to a recent number of Virchow's *Archiv* a paper on "The minute processes in the union by the first intention of divided tendons," and his observations are of the more interest to us from the fact of their having been made at the Brown Institution of London. The experiments were made on the Achilles tendons of nearly full-grown white rats. The tendons were never *entirely* but only *partially* divided, the object being to avoid much separation of the cut surfaces and any considerable effusion of blood which necessarily occur when a stretched tendon is completely divided. The operation was done with a sharp-pointed tenotome, the tendons being removed under chloroform, together with the lower portion of the muscles of the calf. The rats, the author states, recover from this procedure quickly and without any marked lameness resulting, provided the posterior tibial artery be not wounded. The tendons, after being pinned out on pieces of cork to prevent shrinking, and having been treated with chloride of gold solution (½ per cent.) and spirit, gave the following results:—Half an hour after the operation blood is seen to be extravasated between the cut surfaces, and for a short distance under the sheath of the tendon. The extravasation does not usually extend deeply into the funnel-shaped wound, but the latter is filled up more or less completely by a process of the sheath, and of the connective tissue outside the sheath. Twenty-four hours after the operation no change is visible in the tendon-cells, particularly none that in any way resembles inflammation. *As a rule, the wound is almost entirely filled with the tissue of the sheath*, so that any "plastic exudation" that may occur must be very small in quantity. It is only exceptionally that the latter is present in considerable quantity, in which case there is only a small process of the sheath in the wound. In preparations treated with chloride of gold, the exudation appears as a yellow, finely granular mass, in which a few young cells are scattered. The sheath itself is only slightly inflamed over the place of the incision. If the tendon be examined later on, little change is seen to have occurred in the elementary parts, and none in the tendon-cells. The margins of the wound can always be recognised, and a distinct connexion between the contents of the wound and the sheath can be demonstrated. It can also be shown that the tissue occupying the wound is prolonged at the edges of the wound between the separate bundles of fibrillæ. By means of this prolongation of the tissue of the wound into the interstices of the tendon-cells, the edges of the wound become, in forty-eight hours, so strong, that considerable force is required to make them give way; and after seventy-two hours or more their separation becomes as difficult as the rupture of the tendon itself. The tissue filling the wound then gradually comes to occupy less room, its cells becoming comparatively more approximated; and in a week from the operation, the previously finely granular intercellular substance begins to assume a fibrillated structure. In three or four weeks' time, when the funnel-shaped wound has become linear, nothing definite can be made of the intercellular substance even with high powers.

The author cannot ascertain, from direct observation, what becomes of the majority of the elements of the tissue occupying the wound, but is of opinion that, in deciding

this point, regard must be had to the amount of original inflammatory swelling of the sheath. In conclusion, he says, "whilst on the one hand a true union by the first intention, in its histological sense, of tendon does not occur, on the other hand I have found suppuration very rare after incomplete Achillotomy in rats, and where it does happen the tendon-tissue takes scarcely any part in it."

GREEK AT MATRICULATION.

"GREEK," says Sydney Smith, "has never marched in great force beyond the Tweed," but we are not aware that the Scotch are particularly proud of having repelled *that* invader. On the contrary, there is a strong disposition at the Scottish universities to let no *alumnus* depart from their halls without some tincture at least of the noblest of languages. Just when our Northern neighbours are repenting of their discouragement of Greek, a party at the University of London are clamorous for its exclusion from matriculation examinations; and accordingly on Tuesday the question came before Convocation as to whether it should be optional or compulsory on the candidate. Dr. Pye-Smith advocated its retention, and quoted from Mr. J. S. Mill's address at St. Andrews, to the effect that the study of Greek and Latin was a far superior discipline to the student than that of modern languages. He was ably seconded by Dr. Aspland; while an amendment that Greek should not be required was moved by Mr. Herschell, and seconded by Mr. R. H. Hutton. After an animated discussion, Dr. Pye-Smith's resolution was carried, amid much cheering, by forty-three votes to twenty-four. To those who object to study Greek on the score of its consuming valuable time, it is enough to answer that improved text-books and methods have reduced its acquisition to half the time employed on it not long ago, while the linguistic habit it imparts enables the student to acquire modern languages with ten times more ease and thoroughness than the merely English scholar. Greek, again, is, by universal usage, the source of new scientific terms, which cannot be understood without it; while the attempt to coin these words with an imperfect knowledge of it has loaded our text-books with philological monstrosities, "in which," says Sir William Hamilton, "it is fortunate when the analogies of language are only violated, and not reversed." There is no reason, for example, why a treatise on the pathology of tumours shou'd incidentally illustrate to the linguist the pathology of speech; while, in the interests of professional culture, it is well that the physician and surgeon should not be inferior to the barrister or the divine in an acquisition that has always been prized in proportion to the refinement of the community.

THE PATHOLOGY OF PEARLS.

IN a late number of the journal of the Linnæan Society there will be found some interesting remarks by Mr. Garner, F.L.S., "On the Formation of British Pearls and their possible Improvement." Everyone is aware that an oyster, or a mussel, as the case may be, when irritated by a foreign body, not having the means of scratching itself, is reduced to the necessity of toning down the annoyance of the inevitable presence of the intruder by shedding around it, through the agency of its "mantle," layer after layer of lovely "nacre," or mother-of-pearl. Such is the origin of those pearly concretions which may be found adherent to the inside of the shells of the above-named molluscs. The rounder and more valued pearls are said to be formed in the soft parts only of the animal, of which a good example may be seen in the educational series in the Museum of the Royal College of Surgeons, in the shape of a round pearl imbedded in the foot of a *Unio*, or a fresh-water pearl mussel.

Mr. Garner has found reason to abandon the generally received idea of the grain of sand which plays the part of the crumpled rose-leaf to the molluscous Sybarite, and concludes, from observations made on the marine mussel (*mytilus*)—his conclusions being supported by the independent researches of Signor Antonio Villa, in Italy,—that the exciting cause is no inorganic particle, but is actually a minute parasitical entozoon (a species of *distoma*) in the *mytilus*; while in the *anodon*, or fresh-water mussel, it is a minute mite, or acarus (*Atax*)—in fact, an itch insect. The presence of such parasites as a nucleus he has proved by treating the pearls with a dilute acid.

Mr. Garner then hints at the possibility of setting on foot a kind of pearl-nursery, so to speak, where the cultivation of this precious ornament may be carried on; citing the Chinese as an example, who, as is well known, not only introduce metallic figures of Buddha between the shell and mantle (there to be pearl-washed by the mollusc for the ultimate benefit of the faithful), but even go so far as to bring about what may be termed a "margaritiferous" diathesis, by contaminating the water inhabited by the mussel. With regard to such diathesis, it may be interesting to mention a theory of a celebrated French zoologist, M. Lacaze-Duthiers, put forward some years ago in the *Annales des Sciences Naturelles*, that a mollusc so affected is in the condition of a calculous or gouty subject, its blood being highly charged with the material which goes towards the secretion of pearly substance; the excess of which over and above what is required for the nacreous lining of the shell is precipitated in the form of a pearl, much as in the analogous case of man a calculus is formed in the kidney or bladder, or a concretion of urate of soda above the knuckles. The reader of Sheridan's "Critic" may remember how that the raving Tilburina cries, "Can an oyster fall in love?" but an aldermanic mussel is well-nigh as ludicrous a conception as an amorous oyster, especially when it simulates suffering humanity so far as to be actually laid up with gout in the foot.

THE BEDFORD INFIRMARY.

THIS old-established charity has, we regret to gather from documents which have reached us, had one of those exciting quarterly meetings of governors which are too common in connexion with similar institutions. The *casus belli* was an unfortunate patient admitted with retention of urine, who died in the infirmary, and the question was whether the house-surgeon, or the visiting surgeon, or both, were or were not to blame in the matter. We need not follow the somewhat excited discussion among the country gentlemen present, which occupies five columns of the local press, since the facts of the case are simple. A man was admitted at 2 P.M. with retention from stricture, and the house-surgeon, Mr. Johnson, tried to pass a catheter and failed. What treatment he then adopted does not appear, but two hours later, happening to meet Mr. Goldsmith, one of the surgeons of the infirmary, he mentioned that a bad case of retention had been admitted, and that if he did not succeed in relieving it, he would let Mr. Goldsmith know. At 8 P.M. the patient was placed in a hot bath from which he is said to have derived relief, but no catheter was passed, nor was Mr. Goldsmith sent for. On the following morning that gentleman on visiting the infirmary found the patient in a very critical condition, and tapped his bladder *per rectum*, but he sank the same day.

It is no part of our duty to criticise the evident partisanship of many of the speakers who spoke for and against the house-surgeon, who is, we believe, an experienced and valued

officer, but it is our duty to point out that Mr. Johnson was not justified in allowing a patient suffering from long-continued retention, which was already beginning to produce constitutional effects, to remain unrelieved for twenty hours. The Weekly Committee had already dealt with the case by resolving "that the house-surgeon committed an error in not sending earlier for the surgeon of the week," and this opinion we fully endorse. The Quarterly Board chose, in its wisdom, to rescind this resolution by forty votes to fifteen, but it is obvious that the matter was only a part of a larger question considered at the same meeting, to which we will now refer.

Mr. Johnson has been for seventeen years house-surgeon to the Bedford Infirmary, one of the laws of which precludes that officer from private practice. This is a common and we believe salutary regulation, but one which Mr. Johnson has been encouraged by several influential governors of the charity to transgress in favour of themselves and their families. The practitioners of the town, being not unnaturally annoyed under the circumstances, called Mr. Johnson's attention to his infraction of the rule without effect, and they therefore memorialised the Weekly Board of the Infirmary, with the result that a resolution was passed as follows:—"That Mr. Johnson having acknowledged a breach of Rule 57, he be requested in future strictly to conform to it." This the Quarterly Board confirmed without discussion, the case of retention having fully occupied its time; but we understand that notice of motion was immediately given by one of the friends of the house-surgeon, that at the annual meeting in February next an alteration should be made in the above-mentioned rule. This, we trust, in the interests of the charity, will be stoutly resisted by all independent governors. It is obvious enough already that the house-surgeon is not too subordinate to the visiting staff, but if he is also to compete with them in private practice, the patients of the infirmary will certainly be neglected, and the interests of the charity will assuredly suffer.

THE PSYCHOLOGY OF SELF-ACCUSATION.

THE crime of murder may or may not be on the increase in proportion to the population; but it is a curious phenomenon that after every tragedy like that of Coram-street, or Hoxton, or Eltham, there are always three or four persons who voluntary give themselves up as its perpetrator. The seclusion of a prison cell and the opportunity of sober reflection invariably bring them to their senses, though never till they have cost the detectives three or four valuable days. It is noteworthy, also, that in no other crime but that of murder are such self-accusers to be found. Here, at least, medico-psychology has an opportunity of serving the law, by explaining the genesis of the phenomenon, and devising tests for its exposure. Is it a symptom of general paralysis, the early stages of which are often accompanied by so-called exaltation of ideas, taking the form of a perfect passion for notoriety? Is it another effect of what has been classified as "the hyperæsthesia of an over-wrought civilisation," in which the emotional nature, brooding with fascinated intensity over a horrible deed, yields so far to the law of imitation as to realise the position, and even assume the person, of the perpetrator? The self-accuser is always one whose nervous system is so enfeebled as to be at the mercy of momentary impulse, and who, under the sway of a powerful impression, is unable to cast it off till he has almost identified himself with the train of events in which it has culminated. The phenomenon has a social as well as a psychological interest, showing as it does the conscious capacity for crime among so many people, and the actual insecurity of all who may unwittingly provoke its unexpected outbreak.

TENURE OF HONORARY HOSPITAL APPOINTMENTS.

THE duration of the tenure of honorary medical and surgical appointments is an old difficulty, constantly being settled and constantly turning up again. The question is pressing at present in the case of the Royal Infirmary of Liverpool. In that institution formerly there was no limit to the time honorary officers might hold office. The late Mr. Bickersteth, one of the most distinguished of provincial surgeons, held office forty-three years. About twenty years ago, it would seem, a law was passed limiting the tenure to twenty-one years. According to a letter by Mr. Henry Lowndes, the new law offended Mr. Bickersteth, and he resigned. Strange to say, the operation of it is now likely to be soon felt disagreeably in the case of the present Mr. Bickersteth, who so ably maintains the reputation of his name and his profession, and the committee are proposing to rescind the law, and allow honorary medical officers to hold office until they reach the age of sixty-five. The difficulty is obvious. No institution likes to part with a surgeon of such great merit as Mr. Bickersteth. But our advice to the Committee would be to leave the law as it stands, and pass a special motion excepting Mr. Bickersteth from its operation. The law is good as a general rule. It is necessary to prevent stagnation and favouritism in the profession, but Mr. Bickersteth's case is one in which the profession would willingly see an exceptional principle applied.

THE LATE MR. GRAVES, M.P.

WE must be permitted, in common with all our lay contemporaries, to express deep regret at the death of Mr. Graves, the senior member for Liverpool, at the age of 55. Mr. Graves was a conspicuous figure and presence in the House, and was one of the most influential and useful of private members. Though a shipowner, he was liberal enough—as we have special means of knowing—to give the most important assistance in framing the Merchant Shipping Act, and especially those parts of it which provide for the health of sailors; and though only a private member of a party not in office, he was most intelligently interested in the great question of medical reform when it was before the House of Commons. The mere politics of such a man are of little consequence; for his sound head and good heart gave him an influence which he was constantly using beneficially. His death was the more shocking that it occurred suddenly in the night, after dining with the Duke of Sutherland at the Euston Hotel, apparently from syncope or angina. He had lately not been in very good health, and seemed to feel the weight of his work too much for him. The chief morbid appearances found at the post-mortem by Mr. Joseph Skelding were congestion of the right side of the heart, with degeneration of its walls, especially of the auricle, contraction of the left ventricle, paleness of the heart substance, which was thickly covered with fat, and commencing degeneration of the aorta.

MORTALITY IN HIGH PLACES.

THE unusual mildness of the winter has not lightened the death-rate among the *porphyrogeniti* of rank or genius. On the contrary, an even greater number of the high-born and the gifted have departed during this season than during the corresponding one for years back. The Emperor Napoleon's case may be exceptional; but the same can hardly be said of the Viscountess Beaconsfield, of Lord Lytton, of Dr. Lushington, of the Hon. and Rev. Baptist Noel; while the valuable life of Dr. Pusey seems trembling in the balance. The phenomenon may be another

proof of the depressing influence of a temperature at once warm, moist, and less strongly oxygenated than winter generally brings with it. Inopportune weather, even though it assume the form of greater mildness, may itself give a shock to systems inured to the regular recurrence of the seasons, with their alternations of heat and cold; and constitutions with vitality enough left to profit by the stimulating reaction of a low temperature and a highly oxygenated atmosphere, may suffer and even collapse under the prolonged absence of those conditions. *Nihil est ab omni parte beatum*, sings the common-sense poet; and the low death-rate among the poor, with exemption from the tax of fuel, is balanced by the excessive mortality at the other end of the social scale, where winter has the *entrée* only on the condition of bringing in his bracing element and leaving his depressing one out of doors.

ASYLUM AMENITIES.

DORSET COUNTY ASYLUM has not profited by the sharp lesson lately administered to several sister institutions for the ill-treatment of their inmates. A warder in that asylum was convicted before the County Bench of having beaten and otherwise tortured a patient to the verge of murdering, and got off with the not very severe punishment of two months' hard labour. The victim, it appears, was a very tractable man; but on the morning of the 10th instant he was found by the medical superintendent with two very black eyes, both excessively swollen, together with the whole of the scalp, the face, and the cheek. Both eyes were so bloodshot that the white was barely visible, while round the neck was the mark of a ligature which must have been tightened almost to strangulation. The chest bore marks of bruises as if from a man's knuckles. In short, the superintendent thought it a mercy the victim was not murdered. The defendant protested that he had no intention of injuring the patient; but this plea, properly enough, was of little use to him. Violent or even rough treatment on the part of asylum attendants cannot be too rigorously checked; and if, as in nine cases out of ten it is found, the number of servants is inadequate to the proper supervision and control of the patients, then the superintendent of the asylum must share something of the blame of the offender in not providing the means of making refractoriness, resistance, and consequent struggle impossible. Keep a sufficient force of attendants, and the most perverse patient, finding non-compliance with authority useless, will quietly submit. Such was Conolly's advice thirty years ago—advice, we are sorry to say, which is not universally followed.

A TWENTIETH EXAMINING BODY.

WE lately pointed out that the scandal of unskilled midwifery could not longer continue without some attempt to remove it; and that if the legally constituted bodies did not undertake to deal with the question, amateur authorities would "rush in" to settle it. The Obstetrical Society has assumed the character of an amateur examining body. We published last week the questions which were put, and which are said to have been creditably answered by "four candidates for the diploma of the Obstetrical Society." We may now, therefore, consider that there are twenty licensing bodies instead of nineteen, which was a large enough number. We must enter our protest against an unchartered and irresponsible Society undertaking such duties. If the Society gives diplomas to women, why not to men? And if the Obstetrical Society gives a diploma in midwifery, why may not the Medical and Chirurgical Society give a double diploma in medicine and surgery? If we mistake not, the College of Surgeons has the duty assigned to it by charter of appointing a board of examiners for the purpose of testing the fitness of "persons" to practise midwifery, and of granting certificates. If the regular licensing bodies have such powers, there is less excuse for the assumption of them by bodies unknown to the law. At the same time we blame the licensing bodies much for the tardiness with which they adapt themselves to the wants of the country.

NEW ANÆSTHETICS.

OF devising anæsthetics, as of writing books, there is no end. Dr. B. W. Richardson has just introduced to the profession a methylene ether, consisting of the compound radical ethyl combined with bichloride of methylene. It has a fluid density of 1·000, and its boiling point is 84° F. Lighter than chloroform, it is more readily expelled from the system, and in the dental and ophthalmic cases in which it has been successfully employed it has left no injurious effects behind.

Another new ether is that just discovered by Mr. George Archbold. Of the two thousand and odd ethers, it is the lightest known. Its specific gravity is ·680—little more than half that of water—and its boiling point is 73° F. *Par excellence*, the "light ether," as it is called, consists of four atoms of carbon, ten of hydrogen, and one of oxygen. As compared with hydrogen, its vapour density is 36. From its highly-light, volatile, and inflammable nature, caution is required in its manufacture. The temperature of the human body suffices to make it boil violently, as may easily be tested by putting a small quantity of it on the head. It has been tried in several surgical cases, and with the most gratifying results.

THE METROPOLIS WATER ACT, 1871.

THE General Purposes Committee of the Lambeth Vestry, having had under consideration the new regulations for a constant supply, as approved by the Board of Trade, report to the vestry that the said regulations are not only oppressive, but vexatious and conflicting as against owners and consumers in relation to the prescribed fittings required under the Act. As regards a constant supply, the committee question whether it can be obtained without considerable difficulty and enormous expense being incurred. It is also bluntly stated that the interests of owners and consumers have been sacrificed to the powerful vested interests of the water companies. This report has been forwarded to the Metropolitan Board for consideration with other reports from the several vestries on the same subject. Are, then, our hopes of a speedy introduction of the constant supply system throughout the metropolis to be again disappointed?

SANITATION AT BIRMINGHAM.

WE cannot congratulate Birmingham upon the results of local self-government, and there must be few places in England that afford a better peg whereon to hang arguments for centralisation in matters relating to public health. The great sewage difficulty still drags its slow length along. Sir Charles Adderley still complains of smells and river pollution, and the privies and middens still discharge into the common sewer, which, on its own account, still continues to discharge into the river Tame. Messrs. Hawksley, the engineers, reported last week that the precipitation scheme was likely to work satisfactorily, and recommended its immediate adoption, and a further extension of tank accommodation. But the rejection of the Birmingham Sewage Bill in the House of Commons last year is now, at local meetings, always made use of

as an excuse for procrastination, and so, as the reporter neatly phrases it, "after a long discussion the consideration of the matter was adjourned." We may fairly paraphrase Sydney Smith and say, If adjournments were trumps, what a hand the Birmingham authorities would hold.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday, the 28th inst., a further contribution of cases of vaccino-syphilis by Mr. Jonathan Hutchinson will be read. It may be mentioned that Mr. Hutchinson's former paper on the same subject, read in April, 1871, excited much discussion, and led to a report by a Committee of the Society on the cases brought forward. We have no doubt that the present communication will be to the full as interesting to the profession.

PORT SANITARY WORK.

IT is probable that the Port Sanitary Committee of the City Corporation are responsible for the nuisance in the Limehouse Cut complained of by the medical officer of health for Limehouse, and reported in our columns last week. As the law now stands, it would certainly appear to be so. But the terms of the Public Health Act, as regards the port of London, are so cloudy as to be wellnigh incomprehensible; and so, sheltering themselves under this state of things, the Corporation sit still and do nothing, thus leaving the port in a worse state than when under the theoretical control of from fifteen to twenty distinct riparian authorities.

MEDICAL OFFICER OF HEALTH FOR NOTTINGHAM.

FOR the appointment of medical officer of health for Nottingham (salary £400 a year) thirty-four candidates presented themselves. Of these, four have been selected for final decision of the appointment which takes place on the 3rd of February. The successful candidate will be allowed to take a similar appointment in any neighbouring district, and the Nottingham Town Council are anxious to combine with adjacent local authorities in maintaining a medical officer of health. This exhibits an intelligent and praiseworthy desire on the part of the Nottingham authorities to treat their health officer in a liberal manner.

THE MEAN TEMPERATURE OF ST. PETERSBURG IN 1872.

THE *Gazette* of the Academy (Russian) states that, according to observations made at the Central Observatory of St. Petersburg, the mean temperature of the year 1872 (new style) in the capital had been 4° Reaumur (5° Centigrade, 41° Fahrenheit)—that is to say, it had exceeded by 1·1° the annual mean of St. Petersburg for ninety years. The mean of 4° Reaumur is the normal temperature of Tambov, Orel, and Koursk. Since the second half of the eighteenth century, the time when the meteorological observations began to be made in St. Petersburg, the mean temperature has reached or passed the mean of 1872 six times only—namely, in 1794, 1822, 1827, 1859, and 1863.

THE EMPRESS EUGENIE.

WE are authorised to state that her Majesty, still a prey to sorrow, lives secluded in her apartment. The appetite is not restored, but within the last five days sleep has returned. His Highness the Prince Imperial has resumed his mathematical studies, and will in a few days re-enter the Military School.

A NOBLE CHRISTMAS-BOX FROM WORKING MEN.

THE working men of Wolverhampton, on a recent Saturday, presented a sum of £1500 to the South Staffordshire Hospital as a Christmas-box, as a contribution to defraying the expense of the extension of the hospital by the erection of a fever hospital and of two new fever wards. This is in addition to £500 contributed by the working men in the beginning of the year, and £200 more is expected. Well done the working men of Wolverhampton! Those who believe that working men can do nothing with high wages but buy beer should make a note of this noble Christmas-box.

MOVEMENTS OF RELAPSING FEVER.

THE full information which we are enabled to give in another column of the latest meanderings of relapsing fever is not very pleasant. The disease moves stealthily about, true only to its own contagious nature. The chief security against its spread in all sorts of inappropriate places, and inconvenient ways, is in prompt diagnosis, and early removal to a fever hospital. Three fresh cases have been received into the Stockwell hospital. Seven fresh cases in all, related to each other, are indicated in the account of Dr. M'Kellar. They originated at 134, Broadwall, New-cut.

A LADY POOR-LAW INSPECTOR.

THE Local Government Board is reported to have appointed Mrs. Nassau Senior as one of its inspectors, at a salary of £400 a year, for the purpose of looking after the domiciles and the treatment of children who are boarded out. Pity that the Local Government Board cannot exercise a like amount of common sense in sanitary matters. Why elect Mrs. Nassau Senior to this post unless it be for her special qualifications for it?

VETERINARY COLLEGE, EDINBURGH.

WITH reference to a paragraph which appeared in THE LANCET of the 18th instant alluding to the Veterinary College at Edinburgh, we are requested by the Council of that institution to state that the educational departments of the College are in a perfectly healthy state, and that any disputes existing "only affect the interests of the professors individually, and that solely in a monetary point of view." We have much pleasure in making the present correction.

DR. GAIRDNER writes a letter to the *Glasgow Herald* strongly urging that the owners of houses in which the law is broken by overcrowding should be fined, and not the occupiers. He thinks such is the intention of the Public Health Act. Tenants evade the law in various ways in which owners cannot evade it. Dr. Gairdner's remarks were called forth by the case of a family which has evaded the law three times out of six, and in which five cases of typhus have at length occurred.

WE regret to have to state that two physicians, Dr. Thomas Thomson, and Dr. Henry Bedwell, of Leamington, died very suddenly a few days ago. The former had suffered for some time from gout and heart disease. Both deceased gentlemen were universally respected in the neighbourhood.

AUTHENTIC information has lately reached Zanzibar respecting Dr. Livingstone. The great traveller had received the supplies and reinforcements sent forward by Mr. Stanley, and on the 18th of August had set out for the interior of the country.

TRUE to his loyalty to the medical art, which we have commented on elsewhere, the late Lord Lytton, in a document addressed to his legal representatives, stipulated that, after death, or presumed death, his body should lie untouched three days on the bed on which he died; and that thereafter medical men should examine him to ascertain that he was really dead, and, if so, to certify accordingly. The profession will see with satisfaction that his lordship will receive the honour of interment in Westminster Abbey.

THE trial of Captain Crease's cement-lined iron tank water-filters on board H.M. Indian troop-ship *Serapis* has proved so satisfactory during her recent voyage between England and Bombay that the Lords of the Admiralty have ordered these filters to be supplied to all the steamships of the Royal Navy. A detailed account and a diagram of these filters appeared in THE LANCET of Dec. 7th last.

DR. MEYMOTT TIDY has been appointed Analyst for the Whitechapel district for a term of six months, at the following rate of payment: for the first hundred cases at the rate of one guinea for each analysis, for the next fifty cases at the rate of half a guinea each, and for any number of subsequent cases that might occur during the half-year at the rate of six shillings for each.

THE *Journal de St. Petersbourg* of the 6th inst. states that the chief of police of that capital has issued a notice to the effect that the physicians of the capital, on application at his office, will receive permits authorising them to traverse, in their carriages, without obstacle, all streets which may be closed from time to time against general traffic.

THE Archbishop of York, presiding at a meeting at Leeds in aid of the Royal Albert Asylum for Idiots, stated that the United Kingdom contains 50,000 of these unfortunates, of whom thirty per cent. are restored as useful members to society, while the remainder may be materially benefited.

THE Marquis du Plauty suggests a new remedy for the vine pest—the *Phylloxera vastatrix*. It is said to be formed by the desulphuration of vulcanised caoutchouc; and consists of alkaline matter, sulphur, and a fatty substance. The efficacy of the plan is yet to be proved.

WE regret to announce that Dr. Brewer, M.P., had a relapse of the fever from which he suffered in Italy. He is now, however, sufficiently recovered to return home by easy stages.

THE Medical Club holds its next house dinner, at No. 9, Spring-gardens, on Wednesday, the 29th inst., at 7 P.M. Sir Charles M'Grigor will preside.

DR. ROBERT SMITH, Professor of Surgery, Dublin University, will be a candidate for the Vice-Presidency of the Irish College of Surgeons, which will shortly become vacant.

THE Punjab camp of exercise opened on Dec. 17th. With the exception of a few cases of small-pox, no disease prevails in the neighbourhood of the different divisional camps.

A MEDICAL journal called the *Revista Medica de Chili*, and conducted entirely in the Spanish language, is now published in Santiago.

THE parochial authorities of Rotherhithe are about erecting an infirmary for the district.

MR. CHILDERS, M.P., has been elected a Fellow of the Royal Society.

LONDON INTERNATIONAL EXHIBITION, 1873.

THE third meeting of the Committee on Surgical Instruments and Appliances was held on the 20th inst., at the offices, Gore Lodge, and the following members were present:—Mr. Cæsar H. Hawkins, F.R.S. (in the chair); Dr. P. Allen; Mr. R. Brudenell Carter; Mr. W. White Cooper; Sir William Fergusson, Bart., F.R.S.; Dr. Arthur Farre, F.R.S.; Dr. G. T. Gream; Mr. Prescott Hewett; Mr. J. Hinton; Mr. J. Luke, F.R.S.; Mr. T. W. Nunn; Dr. W. S. Playfair; Mr. Edwin Saunders; and Mr. Edwin Sercombe. Major-General Scott, C.B., Secretary to Her Majesty's Commissioners, attended the meeting.

The Committee considered the following resolutions, which were passed at a meeting of London surgical instrument manufacturers, held on the 10th inst., Mr. Louis Blaise in the chair:—"(1) That the surgical instrument manufacturers do not exhibit unless the conditions requiring their manufactures to be submitted to a Committee of Selection be withdrawn. (2) That they may exhibit all the articles of their manufacture as a whole, and not in sections and subdivisions, as proposed by Her Majesty's Commissioners. (3) That the conditions on which the foreigners and Englishmen exhibit shall be one and the same." It was recommended that a reply should be sent, explaining that English and foreign exhibitors would, as always intended, be on precisely the same footing; that it is not proposed to separate an exhibitor's instruments into sections or subdivisions; and that while it is unadvisable to dispense generally with the principle of acceptance on the approval of a Committee, an assurance of admission might be given by the Committee to manufacturers of very high repute who should notify their desire to exhibit.

The Committee was informed that Signor A. Castellani, of Rome, had commenced to make exact reproductions of the surgical instruments found at Pompeii, and that the Japanese Minister, Terashima Munenori, himself a physician, had promised to obtain a collection of surgical instruments from Japan.

Letters were read from Sir Alexander Armstrong, K.C.B., Sir John Rose Cormack, M.D., of Paris, the Royal College of Surgeons, Royal College of Physicians, University College, and the University of Edinburgh.

The Committee then adjourned till Monday, Feb. 17th.

MIDWIFERY ENGAGEMENTS.

BLOOMSBURY COUNTY COURT, JAN. 17TH, 1873.

HADAWAY *v.* BOURNSTONE.

IN this case, the defendant engaged the plaintiff to attend her in her approaching confinement, defendant's name being entered in the register, and the usual engagement-card given at the time. When plaintiff's services were required, she sent to her former medical attendant to attend her. About six weeks after her expected time, and not having heard from her, plaintiff called to see how she was going on, when he found she had been confined. He of course expressed his surprise, and said he supposed the husband and wife were prepared to pay his contract-fee, which they declined to do, when they were told they would be summoned for the amount in the County Court, which came off as above, with a verdict for the plaintiff. The plaintiff pressed this case more on principle than for the value of the fee, as medical men might be frequently engaging with such patients, and fill their registers with false entries.

The case of Dr. Daniells in the Brompton County Court, as quoted in THE LANCET on the 13th July last, was alluded to by the plaintiff at the Court as being somewhat similar, the plaintiff having held himself in readiness to attend defendant when called on.

AT a late meeting of the Guardians of the Mountmellick Union, the salary of Dr. Hanrahan, medical officer of the Castletown Dispensary district, was increased from £90 to £100 per annum.

Correspondence.

"Audi alteram partem."

THE EMPEROR NAPOLEON.

To the Editor of THE LANCET.

SIR,—In a leading article which appeared in THE LANCET of Saturday last, on the case of his late Majesty the Emperor Napoleon, you suggested that I should make public the reasons which determined me to adopt lithotrity in preference to lithotomy.

Will you permit me to say that those reasons were distinct and conclusive, and that the most perfect accord existed between all His Majesty's advisers respecting the subject. I must, however, abstain at present from giving the particulars which influenced that decision until the private physicians of the late Emperor have realised their desire of drawing up a history of the case, which will afford full information on these and all other matters possessing a scientific and practical interest for the medical profession.

I am, Sir, yours obediently,

January 21st, 1873. HENRY THOMPSON.

OUT-PATIENT DEPARTMENTS AND PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—I cordially accept the issue proposed by you. "The hospital reformers of the Charity Organisation Society might, perhaps, be able to accomplish some good if they would devote themselves to one point alone. They might succeed in limiting the numbers of hospital out-patients to something fairly within the powers of each staff. . . So long as out-patients are numbered by hundreds of thousands, so long will all sorts of so-called abuses flourish." The future of this great administration must be governed by the manner in which this issue is determined.

It is, no doubt, "equally useless and silly to expect to prevent these abuses by subjecting a few of the more decently dressed applicants to an offensive cross-examination about their means of subsistence." The only possible mode of attaining what I am happy to recognise as our common object, is to impose a moderate charge upon all who are able to pay (sixpence for each attendance would suffice), and thus to throw the burden of proof upon the applicants. This would be a self-acting arrangement, the result of which would soon be apparent in the diminution of the class of patients described by Dr. Octavius Sturges as seeking the remedy for all their woes at the drug-shop, and in the increase of interesting and instructive cases of the kind specially suited for hospital practice.

It has been said, with truth, that the proper use of hospitals is to afford easy access to the *best* medical and surgical advice to those who are unable to pay the customary fees *for that kind of advice;* but does it follow that they should pay nothing at all? This is a wrong to the charitable, who are not so wanting in deserving objects for their bounty as to wish to give gratuitous relief to large classes of persons perfectly well able to contribute from their own means. It is a wrong to the hospitals which, being thus deprived of large available funds, are habitually presented to the public in a bankrupt state. It is a wrong to the medical profession, who are discouraged by having a burden of gratuitous service imposed upon them which no other profession would bear. We have lately incurred a liability of seven or eight millions sterling in order that our military officers may have a fair day's pay for a fair day's work; and why not also our medical men? Lastly, it is a wrong even to the persons so unreasonably exempted from payment, because they are degraded in character and position by being treated as paupers, and are jostled in a crowd far beyond the powers of any medical staff.

It is admitted on all hands that the numbers now applying at the out-patient departments are so large that few can have the full benefit of the superior surgical and medical aid which it is the object of the hospitals to afford, and that we have thus been reduced to the monstrous hypothesis that the treatment of disease requires an interview of half a minute (on an average) and a bottle of medicine. Selection there must be, and the question is whether any principle of selection can be suggested better than the old test of payment by those who are able to pay. No plan of free admission will meet the case. It is the hope of gratuitous relief which attracts such multitudes; and, when they have once come and have lost a good part of their day, they cannot be sent away without some semblance of attention to them.

If this course is adopted, our popular medical establishments will take this form: the ordinary wants of families for the treatment of female and childish complaints, and trivial complaints of all sorts, will be met by provident dispensaries on the mutual assurance principle, and the relief thus afforded to the hospitals will enable them to deal more effectually with the graver class of maladies, even supposing these to be brought to them in an increased degree. Another consequence will be, that, after completing their term at the hospitals, students will enter upon a short practical course, including domestic visiting and midwifery, in connexion with the provident dispensaries of the district; and their first promotion to remunerative employment (now far too long delayed either for their own or the public good) will generally be to the post of medical officer of one of these dispensaries.

I am, Sir, yours, &c.,

London, January 19th, 1873. C. E. TREVELYAN.

MR. ISAAC BAKER BROWN.

To the Editor of THE LANCET.

SIR,—In the early part of last year an appeal was made to the members of the medical profession on behalf of Mr. Isaac Baker Brown, who was then in great pecuniary difficulties, and suffering from an attack of apparently incurable paralysis. The profession nobly and generously responded to this appeal, and placed at my disposal the handsome sum of £404 10s. 6d., to be expended as I thought best for Mr. Brown's benefit. I am now desirous of laying before the subscribers an account of the trusteeship with which I was honoured, and to give some particulars as to the expenditure of this money. In the first instance, it was unavoidably necessary to release Mr. Brown from some pressing liabilities with which he was hampered. This absorbed about £50 of the fund. I afterwards allowed him two guineas per week for his maintenance. After a few weeks it was thought desirable for him, in consequence of excessive bodily illness, to leave London for the country, and accordingly, at his own request, he resided for some time in a hydropathic establishment at Beulah Spa. This entailed an expenditure of three guineas per week. On his return to London, at the end of the summer, I continued to allow him this sum under the belief, entertained by myself and other medical friends who saw and examined him, that, considering the acute character of his cerebral illness, his life could not be of long duration. Under these circumstances I considered that I was only carrying out the wishes of the subscribers by liberally supplying him with all the substantial necessaries of life, as well as a few comforts that his state of severe mental and bodily prostration rendered essentially necessary.

Since Mr. Brown has been relieved from the pressure of want, and all its accompanying anxieties, his bodily health has improved, although he is still paralysed and requires the constant assistance of a nurse, being unable to stand alone, dress, or feed himself. In fact, he is nearly as helpless as a new-born child. Taking into consideration the probable duration of his life, consequent upon the improvement that has taken place in his general health, I have suggested to Mrs. Brown the necessity of curtailing the expenditure, and allowing him out of the fund two instead of three guineas per week. To this she has consented.

After taking into account a few subscriptions which remain unpaid, and deducting a small sum which was expended in collecting the money and advertising the lists of subscribers, there is now a balance in hand of £219 3s. 10d.

Mr. and Mrs. Brown, whom I saw yesterday, are full of gratitude to those friends who so kindly came forward to

their relief in the hour of their bitter distress. Personally, I desire to express my sense of the great obligation under which the subscribers have laid me, and to thank them for so liberally assisting in this work of Christian charity.

Your obedient servant,

FORBES WINSLOW, M.D.

Cavendish-square, January 18th, 1873.

THE OUT-PATIENT DEPARTMENT OF OPHTHALMIC HOSPITALS.

To the Editor of THE LANCET.

SIR,—I am glad to observe my former teacher, Mr. Hulke, disclaiming the objectionable practice of seeing private patients at hospitals, but I think it might be ascertained that Moorfields is not the only institution at which surgeons will forget their dignity for the sake of a stray fee. The principle seems to be so clear that very little room is left for pardonable error in detail. Either an applicant is a proper case for hospital relief or he is not: if he is, the surgeon must attend to his wants; if he is not, the surgeon has absolutely no concern with him.

This point should be settled (in properly managed hospitals) before the patient is admitted into the consulting room; but if by chance the condition, not so much of the diseased organ as of the pocket (by reason, let us say, of plethora or costiveness), is deemed unsatisfactory by the prescriber, he clearly does his duty to the institution, to himself, and his professional brethren, in refusing his services gratuitously. He as clearly commits an error if he gives his address, or in any other mode endeavours to influence the rejected one to become a private patient. We might imagine a baker as relieving officer refusing the parish loaves to sham paupers, and then recommending his own shop round the corner without much sense of shame; but the ethics of shopkeepers and the ethics of consulting surgeons are not the same, though, it must be confessed, the difference is sometimes imperceptible.

I hope you will not allow the matter to rest, but continue a much-needed course of criticism frankly begun in your article of January 11th. — I am, Sir, yours, &c.,

EDGAR A. BROWNE,

Jan. 21st, 1873. Assist.-Surg. Eye and Ear Infirmary, &c., Liverpool.

THE OUTBREAK OF TYPHOID AT MOSELEY.

To the Editor of THE LANCET.

SIR,—Dr. Ballard, in his report on the above subject, said it could not be proved that the milk had been adulterated, but considered the washing out of the cans sufficient to account for the poisoning of the milk.

I think, from what I know, that there will be no need for the profession to strain at so small a gnat, when I can provide a camel which will be much more easily disposed of—at any rate in the present case. I attended one of the victims of the fever—a boy who was employed by "the milkman," and he more than once declared that his master always put one gallon of water to ten of milk. Now without this fact being known, I think students of the outbreak who accept Dr. Ballard's opinion as to the mode of conveyance of the poison may be misled, and a history of the matter written which would not be according to facts. Indeed, it might cause much confusion and misunderstanding as to the spreading of typhoid if it should be afterwards proved that so very homœopathic doses of the water could not have caused the outbreak. Hoping you may think this worthy a few lines of your valuable space,

I am, Sir, yours obediently,

Acock's Green, Jan. 21st, 1873. T. R. VAUX WOODIFIELD.

MIDWIFERY FEES.

To the Editor of THE LANCET.

SIR,—Every year as Christmas comes round I feel a difficulty in adapting my charges so as adequately to remunerate myself, and at the same time not to make them appear excessive to the different classes of my patients. One of my greatest difficulties is the midwifery fee, and I shall feel greatly obliged if you will kindly reply to the following questions in your next issue:—

1st. What length of after attendance is usually included in the midwifery fee by the majority of practitioners?

2nd. What difference should be made between an ordinary case of a few hours' attendance and one requiring constant watching for twelve, twenty-four, or more hours?

3rd. What would be reasonable fees for the following cases?

Two months ago I attended the wife of a land agent and maltster, who occupies the position of a gentleman, and lives in the town. It was a first case, and I was thirty-seven hours in attendance, being for two whole days prevented from seeing any other patients. I had at last to use the forceps. Both mother and infant did well.

Three weeks afterwards I attended the wife of a solicitor, who lives in a small country house about three miles from here. This was also a first case, and the patient, who is thirty-two years of age, has had two or three previous miscarriages. It was a breech presentation, complicated by a cartilaginous rigidity encircling the middle of the uterus. I was in constant and anxious attendance for sixty hours. The fœtus had evidently been dead for several days. The mother made an excellent recovery.

I may add that the husbands in these cases are brothers, and it therefore requires a little nicety in adjusting their respective fees. Had they been ordinary cases, I should have charged two or three guineas for the former, and three or four guineas for the latter.

I remain, Sir, yours faithfully,

January 21st, 1873. GENERAL PRACTITIONER.

*** 1. The after-attendance, included in the fee, is supposed to imply a visit, first daily, and then every other day, for a week or ten days. Visits additional to this, as evening visits or any second visits in the same day, or visits beyond this time, if really necessitated, should be charged for specially. 2. We cannot, as a rule, charge for labours according to their length. If an additional fee were charged in long cases, we should be asked to take half a fee when the child was born or the placenta away before the arrival of the accoucheur—not an uncommon case. But, thirdly, such cases as are specified are clearly beyond the category of ordinary labours, and the practitioner is entitled to increase or double his fee, according to the means and nature of his patient. Five guineas in each case would be a very reasonable fee, for which few practitioners would like to do the work.—ED. L.

UNQUALIFIED PRACTICE AT BERMONDSEY.

To the Editor of THE LANCET.

SIR,—Will you, through the medium of your journal, aid me in calling the attention of the legally-qualified members of the profession in Bermondsey to the fact that within a short distance of each other eleven men are at this moment in practice who do not hold any kind of qualification whatever.

In reply to an advertisement for an assistant, I applied, and found my duties would be to do all the menial work of a shop, and to make up the medicines of the patients visited during the day by the principal, who said that he never saw less than fifty—more frequently seventy, for which I was offered, as an out-door assistant, £40, or 16*s.* per week, but I must sleep in the surgery for night-work. His abuse of the Queen's English so struck me that I asked if he was (he had not sense to see through the sarcasm) a Guy's man. "I ain't qualified," he said. "How do you manage about certificates?" I asked. "Oh, I sign myself as not registered, and they pass just the same. I like the looks of you better than any I have seen, so if you like you may come on Monday. I'll give you your supper and 2*s.* 6*d.* out of all the midwifery you attend. Is it settled at that?" "The notice is short," I replied, "but I will let you know to-morrow." "All serene; come across the road and have a glass of ale over it." This offer I, however, declined, as being too early for me.

It is since my visit to this worthy that I have ascertained

the fact of the numerous unqualified men in the parish of Bermondsey, and all within a short distance of each other. Do they all visit fifty patients daily? What can the members of the profession be about to permit it?

January, 1873. A THIRD-YEAR'S STUDENT.

*** The members of the profession have not the power to prevent the monstrous amount of unqualified practice described in the above letter. It is very discreditable that death certificates should be received from persons having no qualification, and we must hope that the publicity we give to this matter will have the effect of putting an end to such a system. Unfortunately it is too much favoured by the imperfection both of the Registration Act and the Medical Act.—ED. L.

THE SANITARIUM OF SOUTH AFRICA.

(From a Lay Correspondent.)

A SANITARIUM for consumptives has always been a desideratum for the British public. Much trouble has been taken to find a climate which will give those who are suffering from the various forms and stages of pulmonary disease a chance of stopping the progress of disease, and of regaining health and strength. Madeira, the South of France, the heights of Switzerland and Australia, have all been tried in turn; and now attention seems to be principally directed to the Cape Colony and the South of Africa generally.

Unfortunately, till lately, the South of Africa has been a *terra incognita* to Europeans generally. It has been associated in their minds with the exploits of Livingstone and Moffat; and, beyond the fact that Hottentots are part of the aboriginal inhabitants, and that the principal town is Cape Town, probably little is known about it by the ordinary Englishman. The discovery of the diamond fields has of late drawn more attention to the colony, but very little real knowledge of the country, or the manners and customs of the people, has been hereby gained, as was made painfully evident not long ago by the arrival in Cape Town of a company of poor diggers from England totally unprovided with money or necessaries, and who were under the impression that the diamond fields were within a day's walk of Cape Town, the fact being that they are nearly eight hundred miles distant.

Even the knowledge of the country that has been gained is of small use to doctors or their patients, for this knowledge has hitherto been communicated by those who have regarded the colony from a merchant's or a digger's, never from an invalid's, point of view.

It is an old proverb that none know so well where the shoe pinches as those who have to wear it, and it is this knowledge, mingled with pity for the bewildered unfortunates who receive peremptory orders from their medical advisers to leave England for South Africa, that has emboldened me to attempt some description of this country, its climate, the present means of transit it affords, and the suitability of the different villages and tracts of country to consumptive patients. I cannot hope, in such letters as I propose writing, to be in any way exhaustive, and it is possible that as to places I have not personally visited some of the statements I may make may be open to some slight exception, though I believe, from the care I have taken in sifting the evidence I have collected as to such places, that all my statements will be found to be substantially correct. I have now been some time in the colony in search of health, and since I have been here I have travelled over a large extent of country, and have also employed myself in collecting information as to the climate and features of every part.

The primary mistake that Englishmen are apt to make regarding the colony is to overlook the vast extent of territory contained in it, and in consequence the great variety of climate to be found there. To give only one example. The regions of the Nieuwoeld consist of more than 100 square miles of high sandy plains, covered with low, stunted bush, about six inches high, and without a tree to be seen for miles, and with a climate dry and bracing; while the district of George, by the Kuyrna, is low and damp, and covered with 200 or 300 miles of forest.

The next point that is overlooked is the difficulty of transit. There is at present only one very short railway in the colony, the total length of which is less than 100 miles, and consequently the fatigue and hardships which invalids travelling in the colony are called upon to endure are very great. Another point is the capability of the different places for supplying the accommodation necessary for invalids, especially those of a consumptive tendency.

In the letters which I hope to address to you, I propose to take up these various points in detail, but in this letter I must confine myself to a slight sketch of the geography of the country, starting from Table Bay, and taking a north-westerly course across the colony, up to Bloemfontein, in the Orange River Free State.

From Table Bay the country rises in a succession of mountain ranges and table lands, till it reaches the high table land beyond Beaufort. First there is the Drachenstein range, beyond which is the plain (about 300 feet above the level of the sea) in which is situate Worcester and Robertson. Then come the Hex River Mountains, which open out on the great Kawoo Desert, and then beyond Beaufort there are the Nieuwoeld mountains, beyond which are the plains of the Nieuwoeld. I have not been able to ascertain the exact height of these plains, but the highest ground between Fraserburg and Victoria West cannot be much less than 4000 feet above the level of the sea. This part of the country forms the ridge of the colony, and after it, when Victoria West is passed, the ground gradually sinks till you come to the Orange River. This is the boundary of the colony, and here the Orange River Free State begins. From the Orange River the ground rises rapidly till it reaches Bloemfontein and the country round it.

In making this track across the colony, I have all the way followed the highest ground. From this line southward, the land sinks continuously to the sea. I am not in a position to give much information as to the country northward of this line, but I believe it is no higher than the country comprised in this line, and as access to it is at present very difficult, it may be left out of the question for our present purpose. Nothing will be gained by attempting the country east of Bloemfontein, and as to Natal itself, though the climate of Rietsuaritzburg is, doubt, delightful in the winter months, it is on the whole too tropical a climate to be suitable for consumptives.

In this line I have drawn, the two highest points are the plains of the Nieuwoeld, in the colony of the Cape, and the district of Bloemfontein in the Orange Free State; and as the great requisite for consumptives is a high and dry climate, the choice of a place of residence, at any rate for a great portion of the time spent in the country, must lie between these two. I have not been able to ascertain the exact height of Bloemfontein, but I believe that there is very little difference between the heights of the Nieuwoeld and Bloemfontein, though, if there be any difference, no doubt the advantage is on the side of Bloemfontein.

In my subsequent letters I shall hope to give details as to the peculiar features of both these places, and as to the best means of reaching them. But in the meantime I wish to add a word of warning, to any consumptives who may find themselves in the colony, against any inclination they may feel to visit the diamond fields. Of course, the fields are the great sight of the colony, and, probably, there is no sight like them to be seen in any other part of the world, and an Englishman would be likely to find more congenial society there than in any other part of the colony; but there can be no doubt that they are most pernicious places to anyone suffering from weak lungs. The dust there is something almost beyond imagination. As I have heard a "digger" pithily express it, "all the dust in the world seems to have been collected there." In spite of all precaution much of this dust must necessarily be inhaled, and the result is to bring back and aggravate all a consumptive's worst symptoms. Moreover, the sanitary arrangements are most defective, and in hot weather fever and dysentery are fearfully prevalent, and though the fields have hitherto been marvellously quiet, and the diggers exceptionally well conducted, yet symptoms of an outbreak of rowdyism have lately appeared, although it is hoped that these may be allayed by the Governor's timely visit.

Cape of Good Hope, September, 1872.

PARIS.

(From our own Correspondent.)

I HAVE no doubt that what will be published in the French medical journals touching the illness and death of the Emperor Napoleon will be of great interest to your readers. I therefore purpose to sum up briefly in my letters, as they appear, any remarks published on the subject by the special organs. Of course I shall pass over, as I have already done, the inaccurate statements and hasty judgments brought forward with no authenticated and competent signature in the political press. Such, I need not say, have been numerous during the last week.

In the last number of THE LANCET there was a full account of the important document published in *L'Union Médicale*, concerning the consultation which took place between the Emperor's physicians and surgeons in July, 1870. The article appeared before the death of the Emperor, and was a kind of answer, vindicating the reputation and skill of French surgeons, to the bulletins coming from England, and mentioning the presence of a calculus which had been in existence for several years. There was a feeling here, or some kind of suspicion, that the general impression in England was that the calculus had been overlooked.

Since the death of the Emperor, almost all the medical journals have been silent on the subject, or have contented themselves with reproducing the article in *L'Union Médicale* above alluded to. The *Gazette Médicale de Paris*, however, announces its intention to take up the subject next week, and *La France Médicale* publishes a *feuilleton* which, though it pretends to be simply anecdotal and not critical (as it is written by one of the usual *rédacteurs* and not by a surgeon), yet winds up with a few questions which seem to imply blame.

The article begins with the relation of some interesting facts which had not been published until now, and which Dr. Lapeyrère, the author of the *feuilleton*, makes known as elucidating the question of the age of the calculus. The calculus, says Dr. Lapeyrère, does not at any rate date from ten years; for at that time Dr. Guillon (the father) attended the Emperor at Vichy, during a fit of retention of urine, and on local examination detected only the existence of a circular stricture of the membranous portion of the urethra, quite near the spongy portion. A sound, *à bout olivaire*, passed without any great resistance, and the bladder was emptied. On the same night micturition had become quite normal; but Dr. Guillon thought it prudent the following day to dilate the canal by means of a bougie of middling size, and again with *à bout olivaire*, which is the only kind he ever uses. On the third day the Emperor returned to Paris, after having, simply as a precaution, and in view of the voyage, had the bladder emptied by means of an ordinary sound.

A few days following, after catheterism performed by another surgeon, prostatitis supervened, but it was successfully combated at Biarritz, and soon gave way under the employment of appropriate dietary, emollient enemata, and rectal cataplasms, prescribed by Dr. Guillon. Dr. Lapeyrère, since 1866, was in possession of all these facts, which he got directly from Dr. Guillon.

Further on Dr. Lapeyrère alludes to the article in *L'Union Médicale*, mentioning the symptoms which had been noted during the consultation: nervo-muscular hyperæsthesia, due to anæmia; considerable hæmorrhoidal flux, almost permanent during the preceding years; digestive troubles and some gouty symptoms; lastly, the symptoms connected with the urinary organs, which were published *in extenso* in the number of THE LANCET for last week.

The article next alludes to the medical bulletins published during the Emperor's illness. It considers them to be incomplete, affording no data whereupon to base a scientific judgment. There are no particulars, it says, touching the character of the general condition, scarcely any as to the size of the calculus, the result of the crushing, or the condition of the genito-urinary organs.

Dr. Lapeyrère then expresses a hope that the question will be fully discussed and ventilated before some medical society in London, and he concludes in the following terms:—"We are in the right to expect some precise explanations touching the general state of the patient at the moment when surgical interference was thought necessary. Did that state render anæsthesia advisable or not? And after the use of chloroform, what part did opium have in the *dénouement* of the supreme crisis—a *dénouement* which was so sudden, since it was unexpected? The question will also be asked whether lithotomy would not have been preferable to lithotrity; and, again, this latter operation having been decided on, whether the manner of performing it was the best? There is a question whether some more contemned or some less known *modus operandi* might not have been better," &c.

I will add no critical remarks to the above article, as my object is simply to give you the "physiognomy" of the French medical papers on the subject—to transmit the impressions and remarks contained in their articles; the knowledge of which, I am sure, will be of much interest to all concerned and to your readers at large.

During the last week a question of much importance for the prospects of medical education in this country has been under debate at the National Assembly—viz., the organisation of a Superior Council of Public Instruction, to examine and decide on all questions of teaching and public education. Of course, the profession and all the faculties here are deeply interested in the debate. Two of the medical members of the Chamber took part in the discussion — one, Dr. Paul Bert, asked that the Superior Council be composed of as many competent and special representatives as possible; the other, Dr. Bouisson, of Montpellier, demanded that a member of the Academy of Medicine be added to the representative of the Faculty of Medicine, who, as has been already decided, will sit in the Council, so that the medical body be represented by two members instead of one. This latter proposition was unanimously adopted. Dr. Bouisson made a very brilliant speech, and the great favour which was shown by the majority of the Assembly when he expressed such liberal views as free universities for teaching medicine, the creation of new faculties of medicine, the reinstallation of public competition for the nomination of professors, seemed to imply that these reforms will be shortly adopted by the Government.

A recent circular published by the Ministry of War decides that the military salute is due from all the army surgeons to their superiors in rank, as it is due to them from all their inferiors in the army.

The last fortnight has been a rather dull one in respect to medical literature, all the publishers reserving their important books for the beginning of February. I must mention this week, however, two very important publications; one by Dr. Langlebert, entitled "La Syphilis devant le Mariage," in which he investigates all the questions connected with the subject of syphilis and marriage, and affords answers to the puzzling questions which are put to practitioners as to *whether* marriage is possible, *when* it is possible, &c.,—in a word, for all the delicate problems which we encounter touching the consequences of syphilis on marriage offspring, &c. Such a book will prove of great use. The other publication is the first number of the *Revue des Sciences Médicales*, edited by Dr. Hayem, Vice-Professor of the Faculty. It is a retrospect of all that has been published on medicine during the last quarter, and completely exhausts the question by means of analyses, references, &c. It is a huge bibliographical undertaking, and has been admirably begun by Dr. Hayem and the numerous co-operators who have joined him in the task.

On Monday last there was a general meeting of the Central Society of the French Medical Association. Dr. Lustreman, the vice-president, took the presidential chair, and in a few eloquent words referred to the departed members of the year, Hurteloup and Michel Lévy. He then asked for a vote of sympathy for Dr. Axenfeld, who, as I recently informed you, is now suffering from serious illness. The demand was unanimously responded to. Drs. Piogey (the secretary) and Brun (the treasurer) then read their report on the financial condition of the Association, which they said was most flourishing. 10,000 francs had been distributed during the year to the widows and orphans of medical men. Voting then took place for the election of a president in lieu of the departed Hurteloup, and Dr. Henry Roger was unanimously elected to the chair for the present.

Paris, January 21st, 1873.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College on the 21st and 22nd inst:—

Barnes, Arthur Richard, Faversham, Kent.
Bar lett, William, Connaught-square.
Boulger, Isaac, Gravesend.
But er, Francis William, L.S.A., Camberwell.
Clague, John, L.S.A., Castletown, Isle of Man.
Corbin, Edward K., Guernsey.
Dove, Harry, L.S.A., Norwich.
Durant, Edmund, L.R.C.P.Ed., Delamere-crescent.
Dyer, Henry Geary, L.R.C.P.Ed., Ringwood, Hants.
Elliott, Charles Boulton, Moreton-place, Belgrave-road.
Emmerson, William Lindsay, Leicester.
Fairbank, William, L.S.A., Highbury-hill.
Farmer, Cottenham, Anerley, Surrey.
Ferguson, George B., M.B. Oxon., Cheltenham.
Groves, Henry J. F., L.S.A., Dorchester.
Hatfield, William Henry, Old Burlington-street.
Hoare, W. Crawshay, L.S.A., Cinderford, Gloucestershire.
Hope, Samuel Wilson, L.R.C.P.I., Dulwich.
Jones, Edgar Averay, Leicester.
Lawrence, George Edgar, Bath.
Lewtas, John, Liverpool.
Newby, Charles Henry, Mecklenburgh-square.
Powell, Evan, Bridgend, South Wales.
Powell, James, Plumstead.
Power, George Edward, Lewisham, Kent.
Ransford, Thomas Davis, St. Thomas-terrace.
Roechel, Joseph Waldemar, Bath.
Saunders, Everard Home, Devonport.
Shaw, Walter, L.S.A., Athelston-hill, Hereford.
Smith, Jas. Ouston, L.R.C.P.Ed., Weaverham, Cheshire.
Spear, John, Folkestone.
Stowers, James Herbert, Kennington-park-road.
Sunderland, William, Birmingham.
Taylor, John William, Lewes, Sussex.
Thomas, George Tucker, Everett-street.
Tunley, John, West Bromwich.
Webber, William Littleton, Modbury, Devon.
Wel-h, Samuel, L.S.A., Hackney-road.
Whitsed, James L., Myddelton-square.
Widdas, George David, York.
Williams, Richard, Bala, North Wales.
Williams, William, M.D., Barmouth.

The following gentlemen passed the primary examination in Anatomy and Physiology on the 16th inst.:—

Edward Roe, F. Champneys, I. D. Bell, C. Curwen, F. G. Hamilton, H. Peevor, and E. R. Hutton, St. Bartholomew's Hospital; A. G. Buckland and J. B. Ruddock, London Hospital; E. E. Glyde, Guy's Hospital; C. N. Griffiths, King's College; W. G. Rountree, University College; J. R. Ogle, Birmingham.

Of the 104 candidates examined on the 14th, 15th, and 16th inst., 42 failed to satisfy the Court of Examiners, and were referred to their anatomical and physiological studies for three months.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 16th:—

Austin, Corneley, Gower-street.
Hacon, Walter Edward, Mare-street, Hackney.

As Assistants in Compounding and Dispensing Medicines:—

Place, John Newton, Spencer-street, Canonbury.
Roberts, William Henry, Major-road, Jamaica-road.
Rayson, Arthur John, Yoxford, Suffolk.

The following gentleman also on the same day passed his Primary Professional Examination:—

Saberton, Frederick William, Guy's Hospital.

COLLEGE OF PHYSICIANS, IRELAND.—At examinations held on Jan. 14th, 15th, and 16th, the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Edward Bowers, Andrew John Brady, Charles Edward Piers, Gabriel O'Connell Fitzsimon Redmond, James Shaw, Charles Catterson Smith, John Richard Henry Sutton, Samuel Henry Webb.
MIDWIFERY.—Andrew John Brady, Gabriel O'Connell Fitzsimon Redmond, James Shaw, Charles Catterson Smith, John Richard Henry Sutton, Samuel Henry Webb.

DR. A. PORTER, F.R.C.S., Madras Medical Service, has been elected a Member of the Royal Irish Academy.

CHOLERA ITEMS.—Cholera exists in 346 towns and villages in Gallicia, and during the latter half of December the number of cases increased from 1320 to 6850; of these 3569 have recovered, 2073 have died, and 1208 are under treatment. In Lemberg 123 persons have died of cholera, the number of cases being 365, the recoveries 190. In Prague there have been 20 cases, 14 of them fatal. In Moravia 154 have died out of 369 cases. In Hungary the epidemic is abating.

DR. FREDERICK LOWES, of Alverstoke, was recently presented by his friends and patients with a handsome testimonial, in the shape of plate, on the occasion of his leaving the neighbourhood. The plate bore the following inscription:—"Presented to Frederick John Lowes, Esq., M.D., as a slight recognition of eminent abilities successfully exerted during a professional career of nearly thirty years, in the parish of Alverstoke, by his friends."

AT the Annual Meeting of the Royal Zoological Society of Ireland, held last week, it was stated that a most interesting addition to the Gardens during last year consisted of two climbing perch from India, a specimen of which had not previously reached Europe alive. One of these fish still lives in the Gardens, and attracts the attention of zoologists and anatomists. These interesting fish were presented to the Society by Dr. Dobson, staff-surgeon, Calcutta.

HARVEIAN SOCIETY OF LONDON.—The following is a list of the names of gentlemen elected as officers of the Society for the year 1873:—President: Dr. Ballard. Vice-Presidents: Mr. Curgenven, Dr. Broadbent, Mr. Sercombe, Mr. T. H. Hill. Treasurer: Dr. Fuller. Hon. Secretaries: Mr. George Eastes, Dr. Farquharson. Council: Messrs. Handfield Jones, Henry Power, W. B. Owen, F. B. White, G. Benson Baker, Thomas Rayner, Thomas Thorman, E. P. Young, W. J. Bryant, Septimus Gibbon, Dr. Maudsley, Mr. A. J. Balmanno Squire.

Medical Appointments.

ABSOLON, G. W., M.D., has been appointed Resident Surgeon to the Perth Penitentiary.
ASHMEAD, G., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for District No. 2 of the Stourbridge Union.
ATTWELL, G. H., L.R.C.P.L., has been appointed Medical Officer of Health for the Urban Sanitary District, Altrincham.
BEADNELL, G. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Fillongley District of the Meriden Union, Warwickshire, vice Le Farque, deceased.
BLAND, W. C., M.R.C.S.E., has been appointed Assistant Medical Officer to the Dorset Lunatic Asylum, Forston, near Dorchester.
CHAPMAN, G., M.R.C.S.E., has been appointed Medical Officer for District No. 4, and Public Vaccinator for Districts Nos. 2 and 4, of the Stourbridge Union.
CHAPMAN, J., M.D., M.R.C.P.L., M.R.C.S.E., has been appointed an Assistant-Physician to the Metropolitan Free Hospital, Devonshire-square, vice J. C. Torry, M.D., M.R.C.P.L., resigned.
DARWEN, J., M.R.C.S.E., has been appointed Medical Officer of Health for the Balsall-heath Urban Sanitary District.
DAVIES, D., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Urban Sanitary District, Aberdare.
DEWAR, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Surgeon to the Chelsea, Brompton, and Belgrave Dispensary, Sloane-square, vice W. Blundell, M.R.C.S.E., resigned.
GODSON, C., M.B., C.M., M.R.C.S.E., L.M., has been appointed a Physician to the Samaritan Free Hospital, Lower Seymour-street, vice Wiltshire, resigned.
GORHAM, E. V., M.R.C.S.E., has been appointed Honorary Consulting Surgeon to the Royal National Life-Boat Institution.
HOFFMEISTER, W. C., M.D., L.R.C.P.L., F.R.C.S.E., has been appointed Hon. Consulting Physician to the Royal Isle of Wight Infirmary, Ryde, vice Leeson, deceased.
HUGHES, R., M.R.C.S.E., has been appointed Medical Officer of Health for the Urban Sanitary District of Bala, Merionethshire.
IRVINE, J. A., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Assistant-Surgeon to the Newport (Mon.) Odd Fellows' Medical Aid Association, vice Hannan, resigned.
LAVERICK, J. V., L.R.C.P.L., has been appointed Medical Officer of Health for the Hinderwell Urban Sanitary District, and the Lyth District of the Whitby Rural Sanitary District.
MARSHALL, J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 5 of the Chelmsford Union, vice Geo. P. Sargent, M.D., resigned.
MOCKETT, G. T., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Hendred District of the Wantage Union.
PALFREY, J., M.D., formerly Physician-Accoucheur to the Out-patients, has been elected Physician to the General Lying-in Hospital, vice J. Clarke, M.D., resigned.
QUINTON, C., M.R.C.S.E., has been appointed Medical Officer of Health for the Egton District of the Whitby Rural Sanitary District.
RINGWOOD, J., L.K.Q.C.P.I., L.M., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Powerscourt Dispensary District of the Rathdown Union, vice Franklin, resigned.
SHOOLBRAID, J., M.D., has been appointed Medical Officer of Health for the Urban Sanitary District, Aldershot.
TATLERSON, J., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Fylingdales &c. District of the Whitby Rural Sanitary District.
THOMPSON, W., M.B., C.M., M.R.C.S.E., has been appointed Surgeon to the Samaritan Free Hospital, vice Hickman, resigned.
TRUMAN, E. B., M.D., M.R.C.S.E., has been appointed Public Analyst for the Borough of Nottingham.
WORRALL, J. H., M.R.C.S.E., has been appointed Medical Officer of Health for the Urban Sanitary District, Bacup, Lancashire.

Births, Marriages, and Deaths.

BIRTHS.

HERBERT.—On the 11th ult., at St. Helena, the wife of H. C. Herbert, M.D., F.R.C.S., Staff Surgeon and Senior Medical Officer, of a son.

PLASKITT.—On the 18th inst., at Chapel-street, Belgrave-square, the wife of J. Plaskitt, F.R.C.S.E., of a daughter.

SELBY.—On the 16th inst., at Kirkcowan, Wigtownshire, the wife of Robt. B. Selby, M.D., of a son.

TURNER.—On the 17th inst., at Alderton, Suffolk, the wife of A. C. Turner, L.R.C.P.L., of a son.

MARRIAGES.

HOLLOWAY—DOWNING.—On the 4th inst., at the Parish Church of St. Martin's-in-the-Fields, Westminster, Wm. Holloway, Esq., of Southwood-lane, Highgate, and St. Paul's-churchyard, to Kate, second daughter of Edward Downing, M.D., of Wellington House, Amersham-road, New-cross, S.E.

STEPHENSON—WALSH.—On the 9th inst., at St. Mary Magdalen, Stoke Bishop, near Bristol, Thos. Appleby Stephenson, M.D., to Mary Louise, daughter of D. H. Walsh, Esq.

DEATHS.

HUDSON.—Accidentally drowned, on the voyage to Calcutta, Robt. Ponsonby Hudson, L.R.C.S.I., aged 25.

LYNCH.—On the 15th inst., Daniel Lynch, M.R.C.S.E., of Belgrave-terrace, Higher Broughton, Manchester, aged 68.

MILBANKE.—On the 16th inst., at King Henry's-road, South Hampstead, R. T. Milbanke, Army Surgeon, half-pay.

NUTTALL.—On the 17th inst.. Francis Nuttall, Surgeon, of Bury, Lancashire, in the 45th year of his age.

SHAW.—On the 17th inst., at East Park-terrace, Southampton, R. Shaw, M.R.C.S.E., late H.E.I.Co.'s Bengal Service, aged 80.

Medical Diary of the Week.

Monday, Jan. 27.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. J. T. Dickson, "On a Case of Trephining of the Skull for Epilepsy."—Dr. Habershon, "On some Cases of Disease of the Heart."—Dr. C. T. Williams, "On a Case of Empyema treated by the Aspirator."

Tuesday, Jan. 28.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations (expected), 3 P.M. Lithotomy, by Mr. Bloxam; Excision of the Elbow-joint, by Mr. Butlin.
ROYAL INSTITUTION.—3 P.M. Professor Rutherford, "On the Forces and Motions of the Body."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Jonathan Hutchinson: "A further Contribution on Cases of Vaccination Syphilis." Mr. Callender: "Removal of a Needle from the Heart; Recovery of the Patient."

Wednesday, Jan. 29.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, Jan. 30.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Debus, "On Oxidation."

Friday, Jan. 31.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Erasmus Wilson, "On Dermatology."
ROYAL INSTITUTION.—9 P.M. Mr. Dannreuther: "Music of the Future."

Saturday, Feb. 1.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Edward A. Freeman, "On Comparative Politics."

Notes, Short Comments, and Answers to Correspondents.

THE PESTIFEROUS FLY.

PROFESSOR LEIDY, in the course of some remarks made before the Academy of Sciences of Philadelphia, which are reported in a late number of its "Proceedings," substantially supports some statements which we made in the summer of last year in a short annotation entitled "The Fly in its Sanitary Aspects." *Apropos* of small-pox, which was at that time prevalent in Philadelphia, the Professor remarked that flies were probably a means of communicating contagious diseases to a greater degree than was generally suspected. From what he had observed, during the late rebellion, in military hospitals, where there was much gangrene, he was led to the conclusion that flies should be carefully excluded from wounds. More recently he had noticed some flies greedily sipping the juice of certain fungi belonging to the well-known *Phallus impudicus*. Having caught several, he found that, on holding them by the wings, they would exude from the proboscis two or three drops of a liquid, which was found, when subjected to microscopic examination, to swarm with fungoid spores. The stomach also was found to be filled with the same liquid, which likewise swarmed with spores. Whether or no the fungus in question, which, as botanists well know, is as offensive to the smell as it is to the sight of any but a phallic worshipper, be poisonous, all that one need do is to substitute in imagination for the juice of such plant the secretion from an unhealthy wound.

Mr. William Curran's request shall, if possible, be complied with.

THE HOSPITAL SUNDAY MOVEMENT.

To the Editor of THE LANCET.

SIR,—I have read with interest your articles upon the Hospital Sunday movement, but I am sorry that I cannot altogether agree with the view which you take of the question. It seems to me that, unless it is very carefully guarded, it is likely to inflict great injury upon our profession.

Supposing that the sum of money which is annually placed at the disposal of the voluntary hospitals were largely increased, upon whom is it to be expended? There is at the present moment enough, and more than enough, hospital accommodation in the metropolis for all those who have the slightest claim upon it. I lately showed (*Macmillan's Magazine*, April, 1872) how enormous is the number of persons who annually obtain gratuitous medical relief from the hospitals and dispensaries, and at what an alarming rate this number is increasing. At least one-fourth of the population (exclusive of those who are provided for by the Poor Law) thus depend upon the medical charities. Dr. Guy, who has entered minutely into the subject, puts the proportion even higher. For whom, then, is the additional accommodation required? Are not the funds at present subscribed sufficient? At a time when the condition of the working classes is steadily improving, and the rate of wages rising, is it wise to provide on the eleemosynary principle for a still larger proportion than I have named?

This movement seems to be chiefly promoted by the clergy. Perhaps they are not aware what a heavy burden of unpaid labour at present devolves upon the physicians and surgeons of the unendowed hospitals, and how seriously the medical charities interfere with the legitimate business of general practitioners. Is it advisable then, from a professional point of view, that there should be any extension of the present system? Would it not be adding to the hardships of which consultants and general practitioners alike complain? Now that medical education is every year becoming more scientific, and consequently more costly, I think we ought to be very careful how we lend a hand to any movement which might tend to prevent our professional brethren from earning a fair return for the time and money expended upon their medical training.

If it is proposed to remodel the present arrangements, and to set up machinery for testing the fitness of applicants to the out-patient departments, as a relief to consultants and a protection to the general practitioners, or if it is intended to inaugurate a provident system on a large scale in the interests of the industrial classes,—well and good. These are points which deserve the attention of hospital reformers. But if the object is merely to develop the existing system, I find it difficult to believe that much good will come of it in the long run.

At a time when Mr. Jodrell (whose munificent donations to the hospitals are well known) is writing to our daily papers to recommend the subscribers to our hospitals to "stop the supplies" until the abuses are corrected—when Sir Charles Trevelyan is writing to another daily paper to point out the pauperising influences of our medical charities—when a meeting of general practitioners has lately been called to consider the depreciating effect upon their services of the hospitals and dispensaries,—I cannot help thinking that any development of the present system should be very jealously watched by the medical press in the interests of all branches of the profession as well as of the community at large.

I am, Sir, yours faithfully,
Mansfield-street, W., Jan. 13th, 1872. W. FAIRLIE CLARKE.

Mr. Albert Field.—In answer to our correspondent's first question, we have to say that regard must be had to the nature of the work in charging for it. It could not be charged for as work done in private practice. The absence of the qualification specified is an additional reason for settling the matter without going into court. It is monstrous to pay parish doctors 4*d.* per visit for distances from one to three miles and a half, with heavy tolls to pay! But, in the absence of contract and of the necessary qualification, a friendly settlement is advisable.

D. is thanked for his communication, which shall receive attention.

PHYSICIANS AND GENERAL PRACTITIONERS.

A General Practitioner was attending a gentleman in a suburb of London for jaundice, &c. A few hours after his visit one day the gentleman came to town, and being seized with great pain, on the advice of a friend, consulted a physician. The physician was informed of the general practitioner's attendance, and of his visit that very morning; but took no notice of the fact, entirely ignored the practitioner, and instructed the patient to see him again in ten days. It is important to notice that no dissatisfaction was expressed by the patient, who the same evening, on returning home, sent for his ordinary adviser. Our opinion is asked on the behaviour of the physician. We think very badly of it, and we regret to say that many letters come to us, making a similar and most just complaint. The physician was fully justified in prescribing in the emergency; but there was great vanity and discourtesy in disregarding the general practitioner—vanity in supposing that one prescription written on the strength of once seeing the patient would serve for ten days without other medical advice, and discourtesy in not recognising the practitioner in attendance, who probably knew more of the case than the physician. Such conduct is soon detected, and surely punished by the profession. It appears so wrong that it would be right to give the physician in question an opportunity of justifying himself.

Lord Cathcart and *Mr. R. J. Sprakeling* are thanked for their courtesy.

COPAIBA RASH.

To the Editor of THE LANCET.

SIR,—The notes of the following case, which, as far as my experience goes, is unique in its entirety, may interest some of your numerous readers.

On October 28th I was asked to visit a young man, aged twenty-four, who had been taken suddenly ill, and whose friends feared that he was suffering from scarlet fever. I found him tossing about in bed, with a scarlet (copaiba?) rash well out all over him, and suffering grievously from the tingling and irritation of his skin. After examining his tongue, which was clean, and making inquiries as to the food he had taken for some hours previously, and finding nothing to account for the symptoms, I charged him with having taken balsam, which he promptly and persistently denied, though he made no scruple about admitting that he had had suspicious intercourse three days previously. I examined the orifice of the urethra, and found no evidence there; then his urine, which was high in colour, but had no odour of copaiba, and which he assured me he passed without any scalding. I felt convinced that he had about him the gonorrhœal poison, quieted the alarm of his friends, and told him that in a day or two the rash would disappear, and a discharge take its place. I ordered hot moist flannels to the perineum to try and elicit the wished-for discharge, and freely dosed him with diuretics and purgatives. He was kept in bed, and seen daily for a week, during which time the rash continued just as bright, and the skin irritation just as troublesome. On the eighth day the rash was paler, and scalding began. On the ninth a copious discharge appeared, and the case then presented no peculiarities worth recording. I may mention that during the treatment I made use of a preparation of copaiba without causing any gastric or skin disturbance.

On December 29th, a month from the commencement of the attack, I finished my attendance, giving the patient some tincture of iron to brace him up, and ordered him into the country for the same purpose, congratulating myself that I was well out of a troublesome case, and my patient nicely rid of his disagreeable malady. This, however, was premature; for in fourteen days he put in an appearance again, gave me all the typical symptoms of catarrhus vesicæ—pain over the bladder, along the perineum, in the course of the ureters, frequent micturition, and intolerable pain at the end of the glans when he emptied his bladder, and handed me a bottle of turbid urine, half of which consisted of tenacious, greenish-yellow mucopus. Alkaline carbonates with tincture of hyoscyamus in full doses were given during the day, Dover's powder and a belladonna suppository administered at night; from the latter he derived great benefit, as on examining per rectum, the prostate was found enlarged and very painful, and under this treatment the severity of the symptoms gradually diminished. The discharge, however, began to take on a chronic character, which partially yielded to three-minim doses of nitric acid in infusion of pareira, and finally completely gave way after taking for a short time ten-grain doses of gallic acid.

The peculiar features of this case are: 1st. That the determination to the skin was not the result of suppressed discharge, nor of the exhibition of copaiba. 2nd. The time that elapsed between the end of the urethral and the beginning of the bladder symptoms. 3rd. That the invasion of the bladder was not caused by the sudden stoppage of the discharge from the urethra.

I remain, Sir, yours truly,

Sheffield, January, 1873. HENRY PRIESTLEY, L.R.C.S. Ed.

Mr. J. Fletcher Little, (Wootton.)—The Silber lamps are not yet manufactured for sale to the general public. Mr. Silber has disposed of his English patents to a limited Company, which has already commenced manufacturing operations on a large scale, and the lamps will be in the shops in two or three months from the present time! They will then be procurable from any lampseller in the kingdom.

Hotspur.—THE LANCET, October 5th, 1872.

G. W. J. (London) is entitled to recover for medicine as well as for attendance.

DISEASES OF THE EAR.

To the Editor of THE LANCET.

SIR,—Allow me to express my manifold thanks to Mr. Lunn for pointing out that I have reasoned from a particular to a universal, and also to inform him that I had no intention of disputing his "thesis" when I referred to his "refined reasoning"; for I was utterly unable to comprehend either the arguments which his "thesis" contained or the language in which they were expressed. As to his second letter, it leaves me more in the clouds than ever, and not only myself, but all my medical friends, whose attention has been directed to it, are in the same airy situation.

I remain, Sir, yours truly,

Upper Bedford-place, W.C., Jan., 1873. W. J. BARKAS, M.R.C.S., &c.

MORTALITY IN NEW YORK.

LAST year there were 57 cases of homicide, 140 of suicide, 209 of sunstroke, and 735 of accidental death in New York, while some 206 dead bodies—cause of death unknown—were found floating in the river and harbour. These returns are in excess of those of the previous year, showing that rowdyism and increase of population go together. Infanticide and child desertion are also common, 122 infants being found in the streets and river. There is evidently room for improvement in the chief city of the Model Republic.

Medico-Historicus, (Dublin.)—Dr. Bouchut's History of Medicine (2 vols., 8vo, Germer-Baillière) must be received with caution. It is rather a series of monographs than a methodical exposition of the revolutions in medicine; and these monographs themselves are rather critical discussions in which Dr. Bouchut introduces his own point of view than exact transcripts of medical systems. The work is without order or consecutiveness; but, fragmentary as it is, its interest and tenor are still sufficiently real and instructive to recommend it to all cultivators of biological science. Like most French works, its style is vivacious and piquant; while its professional tone is high.

Dr. McK. is thanked for his sensible letter.

"A MOUNTAIN RACE AND ITS CONSEQUENCES."

To the Editor of THE LANCET.

SIR,—Dr. Allbutt, of Leeds, called my attention to a letter which appeared in THE LANCET of Dec. 14th, 1872, under the above heading, signed T. C. Winckworth, M.R.C.S., &c. I feel it my duty to answer your correspondent's letter for two reasons. First, I am one of the committee that has the management of the Grasmere and Lake district sports, and I am sure that not one of the committee would encourage or wish to witness a race in which such diseases are produced as Mr. Winckworth says have been. As a medical practitioner, I have made all inquiries about the winners each year of the Silver How race, and I find that Mr. Winckworth has been misinformed. No winner of the Silver How race has ever suffered from heart disease in consequence of the above race; and as to the winner last year throwing himself on the ground, utterly exhausted, when he arrived at the winning-post, and having to be helped into the dressing-tent, there is a shade of truth in the statement. The fact is, that the winner rolled over the last fence (which was a stone wall five feet high, and the winning-post), instead of vaulting over the wall as the others did, and of course, as he had won the race, he remained on the ground for a minute or so; but I saw him in the dressing-tent a very few minutes after, and he was dressing himself without the least difficulty. He ran a four-mile race about three weeks after, and won it. I think if the young men of the present age were to take part in such sports and pastimes as we have in Westmoreland and Cumberland, we should hear much less of heart and liver disease.

Yours truly,

Ambleside, Jan. 17th, 1873. ROBERT HARRISON, M.R.C.S., &c.

M.D. Lond.—Much depends on the means of the patient, in regard to which our correspondent can judge, and we cannot. The ordinary fee should be doubled or trebled; and special visits and the use of the catheter should be specially charged. But nothing that our correspondent is likely to get will repay him for his labour. He must take as much as he can get, and, for the rest, be content with the consciousness of having done good work.

Liber.—The question can only be answered generally. As a rule, our correspondent should acquaint himself with the views and works of the examiners, a list of whom may be seen in the Medical Directory. Patients are the great books to be studied.

LITHEPSY.

To the Editor of THE LANCET.

SIR,—What can't be endured must be cured; but prevention is better. And as angels, or men of science, have trodden, I think, too lightly upon the treatment of the stone, I, like a fool, have rushed in. Leaving details to those who have studied them, what are the broad facts? 1. The calculus is secreted from certain food. Avoid that food. 2. It is precipitated during retention. Avoid retention. But when it is formed, why not dissolve it? For it was in solution once, and that in a fluid not poisonous to the human system. Why cannot a calculus be artificially formed in a phial, and dissolving experiments be tried upon it?

Yours, &c.,

January, 1873. NO PHYSICIAN.

Dr. E. Y. Kellett, (Cawnpore.)—We regret that we have been unable to insert the paper owing to the pressure of other matters. Why not bring it to the notice of the Cholera Commission, and get the method properly tested before publishing?

H. S.—Had the coroner been a medical man, a keener appreciation of the circumstances of the case would have been arrived at.

Mr. R. M. Moryan, (Birkenhead.)—We could not undertake to give an opinion beyond advising our correspondent to consult some respectable medical practitioner in the matter he has submitted to us. We cannot forward private answers.

Dr. Barnes (Burnley) is thanked; but the subject need not be further discussed.

Mr. Bunting.—The matter shall receive consideration.

A KNAPSACK FOR ALPINE TOURISTS.

To the Editor of THE LANCET.

SIR,—Allow me to ask if any Alpine climber has any experience of Sir T. Troubridge's knapsack, which rests on the sacrum and pelvis, instead of hanging from the shoulders alone, and where it can be obtained? It is described in the last edition of Dr. Parkes's "Practical Hygiene."

Yours, &c.,

January, 1873. J. L. J.

ILLEGAL FORMS OF PRACTICE.

One who has had Forty Years of it.—We do not greatly differ from our correspondent. And there is a great deal of common sense in the article which he forwards to us from the *Weekly Globe* of Toronto. The best protection for medical practitioners is, not in legal enactments, but in their own efficiency, and in the education of the community. At the same time we want severer laws against all unprincipled persons who falsely use professional titles.

Mr. Alfred Edwards.—Registration is not compulsory. But it is the only legal proof of qualification; and without it a medical man cannot sue in a court, cannot hold public appointments, sign vaccination certificates, &c.

Chemicus.—Take the opinion of the practitioner who attended the case as to what should be done.

A Subscriber's remarks are, no doubt, *apropos* of some train of thought running through his own mind; but we quite fail to perceive their relevance to anything which appeared in our last week's number.

Mr. R. Marley.—Thanks. Our correspondent is, however, wrong in his statement regarding the funeral arrangements.

A QUERY.

To the Editor of THE LANCET.

SIR,—Can any of your readers give me any assistance in the diagnosis and treatment of the following case?

My patient is a healthy-looking boy, nine years of age. Soon after birth he had an abscess in the lumbar region, from which the matter was discharged. It is now quite healed, and there is no pain in the lumbar region or over any part of the spine. His present symptoms are—pain, which commences about the umbilicus, and then extends over the whole abdomen, then to the head and legs, and in fact over the whole body. The pain causes him to lie moaning and groaning, and he says that there is no part of the body without it, but always states that it commences in the umbilical region. There are intervals during which the pain is so slight that he can play with his comrades. I am informed that he has had nocturnal incontinence of urine, but that that has passed off since he has been ill. The abdomen is rather hard and full, but there is no tenderness on pressure. Tongue clean; bowels regular; appetite good; urine normal. He had a similar attack about a year ago, which I am informed lasted about a month. He has now been ill for a fortnight; but I saw him for the first time four days ago. He had up to that time been treated by an unqualified practitioner, but without any amelioration of his symptoms. I gave him full doses of santonine, followed by infusion of senna, on the supposition that he might have worms. None have appeared. I am now giving him small doses of mercury-with-chalk and rubbing in mercurial ointment, thinking that the disease may be chronic peritonitis.

Yours truly,

January 15th, 1873. MIDLAND.

Lithic Acid, (Glasgow.)—The paper read before the Royal Society on the Formation of Calculi has not escaped our observation, and will be noticed in due course.

Dr. Percy Leslie (Westminster) is thanked for his contribution, and condoled with on his grievance.

Selim.—The facts given are pertinent, and perhaps ought to be stated publicly; but the statement should be authenticated by the name of the writer, and made in the simplest form.

Bookworm.—We regret that we cannot supply our correspondent with the information he requires.

Enquirer, (Armagh.)—It is a standard book on Medicine, and a practical one also. There is no separate treatise in English on the subject; but reference may be made to Copland's Dictionary, edited by his son.

THE INCOME-TAX.

To the Editor of THE LANCET.

SIR,—I entirely agree with "A Country Doctor" in his remarks regarding the hatefulness of the income-tax in your last issue: "It is the most irritating and annoying tax that country medical men have to endure." Is there, Sir, no remedy? What has become of the Anti-Income Tax League lately formed in London? and, if in existence, what steps is it taking, or about to take, in the matter? Such an Association, its formation being known, must commend itself to every taxable individual throughout the length and breadth of the land, and would, without doubt, receive the support and co-operation of all the middle classes, if not of the upper ranks, of society. Our statesmen could surely adopt some other means of raising the required revenue than the vexatious one of appointing officers to peer into the private concerns of their neighbours—an act which, by its inquisitorial nature, is aggravating in the highest degree, and especially so, as "A Country Doctor" says, "in small places, where everybody knows everybody else's affairs." If agitation is necessary to obtain the repeal of the income-tax, it will surely not be a prolonged one, where so great a majority of the people is in favour of it. All sections and classes would join in the attempt at its abolishment; for it is not a question simply of Whiggism, or Toryism, nor of the impossible one of doing away with taxation, but a hateful and irritating form of it, and, if need be, the substitution of a tax not having these objections.

I am, Sir, truly yours,

January 18th, 1873. ANOTHER COUNTRY DOCTOR.

Mr. J. E. Shaw.—Hill and Son, 60, Bishopsgate-street; Van Abbott, 5, Princes-street, Cavendish-square; Hatchley, 362, Oxford-street; Bonthron, 106, Regent-street.

J. G. C.—There is an important notice of the case in THE LANCET this week which exhausts the subject.

Y. Z. X.—Handbooks of Domestic Medicine are not of much use. Some papers on this subject in Cassell's Household Guide or Kesteven's Domestic Medicine may be consulted.

Mr. L. Henry Norton, (New Brompton.)—The separate items can be legally required.

ONE WAY OF DEALING WITH LUNATICS.

IN view of the cruelties recently perpetrated in lunatic asylums upon helpless inmates, the recommendation of the late Mr. Charles Buxton must to many appear to be a humane one. This gentleman advised that all insane persons "should be comfortably shot"; and, with a thoughtful concession to the privileges of the clergy, he added, "I would have it done with the utmost decorum: perhaps by the bishop of the diocese."

Mr. Thos. Wemyss Bagg (Louth).—Dr. Angus Smith on Air and Rain; Messrs. Wanklyn and Chapman on Water Analysis; Professor W. A. Guy's Lectures on the Public Health; and the Reports of Mr. Simon of the Local Government Board for the last ten years.

Dr. Halle.—Thanks.

Omega.—The general rule is for the new-comer to call first, and we do not see any special reason for departing from it in this case, if it is the rule of the place.

Mr. I. Ritterlands, (Hammersmith.)—If the marks be the usual depressed cicatrices, they cannot be removed; but our correspondent should consult some respectable medical practitioner.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir William Gull; Sir Henry Thompson; Professor Parkes, Netley; Dr. Hassall, Ventnor; Dr. Forbes Winslow; Sir C. E. Trevelyan; Mr. Barwell; Mr. Maunder; Mr. Green, Dover; Dr. Kitchener, Chippenham; Mr. Potter, Liverpool; Dr. Downing; Mr. Runcorn, Manchester; Dr. G. A. Abrath, Sunderland; Mr. Galsworthy, Clifton; Mr. Cregeen; Mr. Burns, Ware; Mr. Corbyn, Cheltenham; Mr. Charles White; Dr. M'Kenzie; Mr. R. J. Sprakeling, Bootle; Mr. Beatty; Dr. Foster, Leeds; Mr. MacRae; Dr. H. V. Carter; Mr. C. E. Smith, Glasgow; Dr. Porter, Cheltenham; Dr. Bligh, Fairford; Dr. Barnes, Nelson-in-Marsden; Lord Cathcart; Mr. Paterson, Glasgow; Mr. Salter; Dr. Hill, Thorpe; Mr. Wade; Mr. Walton; Messrs. Jordan; Dr. Francis Halle; Dr. P. Leslie; Dr. Herbert, St. Helena; Dr. Cotting, Roxbury, Mass.; Mr. Fry; Dr. Handsley; Dr. Curran, Queenstown; Mr. Furleigh; Mr. Priestley, Sheffield; Dr. Williams, Garth; Mr. Killett, Cawnpore; Mr. Harrison, Ambleside; Mr. R. Bangay, Cheadle; Dr. Selby, Kirkcowan; Dr. Ritchie, Manchester; Dr. Hadaway; Dr. Wallich, Kensington; Mr. J. M'Gowan; Dr. Nicholson; Dr. Taplin, Hollywood; Mr. R. Langford; Dr. F. de Kause, Paris; Mr. B. Maclure; Dr. Caldwell, Shotts; Mr. Hyde; Dr. Vaughan; Mr. L. Ritterland; Mr. R. Wilkinson; Dr. Rickards, Birmingham; Mr. Akass, Sunderland; Mr. Marley, Bromyard; Mr. Barkas; Dr. Dickson, Buxton; Mr. Pughe, Machynlleth; Mr. Barton; Mr. Falconer; Mr. R. M. Morgan, Birkenhead; Mr. Barker, Coleshill; Dr. Jackson; Dr. Eastes; Mr. Boyd, Burton; Mr. R. Wells; Mr. Beckwith; Mr. Henry, Bow; Mr. Newton; Mr. Woodward, Lynn; Dr. Field; Mr. Baylie; Mr. Bunting, Tottenham; Mr. Brett; Mr. Dyson; Mr. Cole; Mr. Thomas, Chepstow; Mr. Smith, Belfast; Mr. Woodifield, Acock's Green; Mr. Grace, Taunton; Dr. Buist, Barrow-in-Furness; Mr. Porter; Dr. Truman, Nottingham; Dr. Morrell, Brixton; Dr. Palfrey; Dr. Skrimshire, Clydach; Mr. Meade; Dr. Marshall, Preston; Dr. Bogg, Louth; Mr. Nasmyth; Mr. Hutton; Mr. Armfield; Mr. Benson, Stanley; Mr. Davis, Chester; Dr. Walcker, Cuddalore; Mr. Trevor, Newcastle-on-Tyne; Mr. Samuelson, Waltham; Mr. Harding, Burnley; Mr. Macdonald, Sidmouth; Mr. Green, Chatteris; Mr. Horton, Northfleet; Mr. Dennison; Mr. R. Cooke, Portsea; Mr. Burton, Hanley; Mr. G. Heath, Peckham; Dr. Turner, Alderton; Mr. Browne, Liverpool; Mr. Clovers, St. Leonard's-on-Sea; Mr. Dunn; Mr. Wharton, Kingston; McK.; Midland; Students; One who has had Forty Years' Experience; Another Country Doctor; W. C. S.; A Subscriber; Chatham; Alpha; Chemicus; No Physician; M.D., M.B., &c.; Y. Z. X.; General Practitioner; Enquirer; J. L. J.; Bookworm; J. G. C.; E. B. F.; Senex; G. W. T.; H. S.; &c. &c.

Macclesfield Courier, Bradford Observer, Liverpool Daily Courier, Lincoln Gazette, Yorkshire Post, Penrith Observer, Bedfordshire Mercury, Manchester Guardian, Wigan Observer, Glasgow Herald, Jersey Times, Brighton Daily News, New Family Record, Porcupine, Mansfield Advertiser, Royal Cornwall Gazette, Iron, Telegraphic Journal, Bedfordshire Times, Local Government Chronicle, Western Daily Mercury, and *Bath Argus* have been received.

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